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THE RELIEF OF PAIN BY MENTAL SUGGESTION

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The Relief of Pain by Mental Suggestion

THE RELIEF OF PAIN

BY MENTAL SUGGESTION

A Study of the Moral and
Religious Forces in Healing

BY
LORING W. BATTEN, A.B., Ph.D., S.T.D.

NEW YORK
MOFFAT, YARD AND COMPANY
1917

20132

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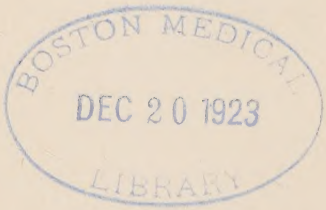
Published, March, 1917

22. V. 253.



PREFACE

Some nine years ago I became interested in the ministrations to nervous sufferers inaugurated by the Rev. Dr. Worcester, generally called the Emmanuel Movement from the name of the parish of which he was the rector. I was convinced that the Emmanuel principles and methods were sound, that the Church could fulfill its true mission to suffering humanity, and that such help should be given in New York as well as in Boston.

At that time I was rector of an old down-town parish in New York, whose condition was such that in my opinion it could not hope to justify its existence and its cost by work along traditional lines. It seemed to me that God opened an unusual field of useful and proper activity for the energy of the Church and its priests, and I therefore started what we called the Healing Mission. We held a service in the Church every Sunday night designed to afford

a moral and religious support not for the whole but for the sick. I was able to secure the willing coöperation of a number of leading physicians, and for three years we carried on the good work on a very large scale. Since I left the parish, I have personally seen a considerable number of cases, as many as my limited time would permit, a limit which tends to become more restricted as the years roll on.

In these nine years I have seen many hundreds of people suffering from the various nervous afflictions, and I have read a great many books and other publications dealing with the subject of psychotherapy. When I was honored with the invitation to deliver the Bohlen Lectures I determined to put into them the results of my years of experience and study. Naturally a treatise like this does not include everything that might be said; yet I have aimed at a comprehensive and popular treatment of the essentials of the great subject.

I suppose it would be quite usual to say that my work is not intended for those who are already familiar with the subject. It is at all events true that I have not attempted to put

forth any novel theories, but to content myself with the principles that have been well tested and proved to be good. All I can do further is to express the hope that all who read this book may find some profit thereby.

I offer due apologies to the patients whose stories have been used for illustration. The disclosures made to me have always been sacredly confidential; but put in a strictly impersonal way I am sure that no one of my friends would interpose an objection to the use of their experience as an aid in the relief of the woes of others. I have said "my friends." One of the richest rewards of a work that has often taxed body and soul to the utmost is the fact that some of the best friends I have in the world I first met when they came to me for the relief of pain.

L. W. Batten.

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The Relief of Pain
by Mental Suggestion

THE RELIEF OF PAIN BY MENTAL SUGGESTION

CHAPTER I

Hearing the Cry of Pain

FOR a dozen years it was my lot to live in one of the noisiest parts of a city which has never been notable as a place for quiet and repose. At all hours of the night and of the day incessant and discordant cries were heard, until one's senses became dull and one's attention unresponsive. But late one night I was awakened from a sound sleep by a faint, long-drawn cry of "help." At first I dismissed it as one of the common imitative plaints with which I had become so familiar. Several repetitions made the call sink deeper into my slowly returning consciousness, and presently it became clear that the cry was the genuine wail of some one in distress, and I arose at once to summon

the help appropriate to what proved to be the sadly bruised and broken body of a man who had fallen or thrown himself from a high window.

The sons of Israel belong to a race whose emotions are in the main well controlled, but when uncurbed they break out with great violence. Among these people there is a great deal of artificial and conventional wailing, but there have been also at all times in their history conditions which gave rise to cries which were the result of a very real distress.

Nineteen hundred years ago these people were ignorant of the simplest rudiments of the laws of health, and, while there were physicians, the science of medicine was for all practical purposes nonexistent. The result was a vast amount of all kinds of diseases which there was no agency to combat. Leprosy, for example, was one of the worst scourges; it was known to be a contagious disease, but all that could be done was to banish the sufferer to the wilderness so that he must drag out his miserable existence until the loathsome disease had done its slow work and death released the victim.

His plaintive cries were often heard on the boundaries of his pale, but no one could give him relief other than to dole out a morsel of food to keep down at least the pangs of hunger.

Then one day there came from Nazareth a man whose ear was quick to detect the genuine cry of distress, and who, because his being was divine and his earthly existence an expression of the love of God, gave himself above all else to the task of relieving the world's pain. Man's pain then as now was spiritual and mental as well as physical, and our blessed Lord held out a helping hand to every form of distress; but that which alone concerns us here is his ministry to those who were suffering from various forms of disease. There is no record of a case to whom he ultimately refused succor, nor of one in which his ministrations failed.

The Character of the Diseases

The gospels record some details of our Lord's healing in twenty-one cases;[1] though there are several instances in which we have the general statement of his curing multitudes of sick who

[1] Or twenty-two, if we include the restoration of Malchus' ear.

came to him at one place or another.[1] An acute modern diagnostician might often be able to determine the exact character of the disease from the symptoms given, though in most cases only a conjecture could be made. From such material as we have, it is clear that while many of these maladies cured by our Lord may be classed as functional, of a neuropathic or psychopathic order, others betray unmistakable signs of an obstinate organic character. There were fevers, hemorrhages, leprosies, paralyses, dumbness, deafness and blindness, as well as epilepsy, hysteria, and insanity. Many of the cases may have been acute, but some we know were chronic; for there was an adult who had been blind from his birth, there was a woman who had suffered from hemorrhage for twelve years, one who had endured paralysis for eighteen years, and there was an epileptic who had been afflicted from early childhood.

The fact is that people were sick then as they are sick now; that there is nothing much new under the sun in the way of disease; the de-

[1] E.g., Mt. 4:23, 8:16, 9:35, 12:15, 14:14, 19:2, 21:14; Mk. 1:32-34, 6:5-13; Lu. 4:40, 5:15.

scriptive terms differ, but the conditions are the same. This is shown from the cases of so-called demoniacal possession. The term is not applied indiscriminately to any form of disease, but only to those in which the patient's actions are such as would be impossible under his own volition. Thus the ancients explained a case of dumbness or perhaps the common infirmity of stammering. The fact was recognized that the man had normal organs of speech, and yet they were not under the control of his will. It was inferred that an evil spirit had entered into the man and showed his presence by interfering with the function of speech (Mt. 9:32 ff.). Or we may take a more severe case of the demoniac whom nine of the disciples tried in vain to heal. This sufferer was afflicted with violent convulsions and had often attempted suicide by throwing himself into the water to drown or even into the fire to burn (Mt. 17:14 ff.; Mk. 9:14 ff.; Lu. 9:37 ff.). It was deemed inconceivable that any person should act thus of his own accord, and the presence of a controlling evil spirit is assumed. Centuries before this time, when King Saul became gloomy and depressed

and showed a homicidal mania, his condition was attributed to the control of an evil spirit from the Lord (1 Sam. 16:14).

This Bible theory of disease may not seem in this age to be very scientific, but it is a distinct advance on the modern attitude in that it has the great virtue of charity. To-day there are thousands of people suffering from those same ailments, and they are forever told by their well-meaning friends, and too often by their uncomprehending physicians, that their wills are weak, that they give way too much, that they should assert themselves, that the cure is in their own power. The ancients more kindly, and really more understandingly, attributed their woes to the presence of a force beyond the sufferer's power to combat. No wonder that afflicted souls, beaten and discouraged from many failures, sometimes now seek refuge in the old theory and settle down to a firm conviction that they too are possessed with devils; or that, having fought in vain for many years, they at last seek refuge in the fire or water or their modern equivalents.

The fact is that to a degree we are all victims

of this phenomenon so kindly explained by the ancients, especially in the more distinctly moral realm; for alas! it happens only too often that our actions and our wills are not in harmony; and that not because our wills are wrong, but because they are unable to control our deeds; and not necessarily because our wills are weak, but because of some mysterious force in us which baffles our most heroic efforts at subjugation. St. Paul recognized the condition and described it with wonderful clearness and brevity, in a marvelous piece of self-analysis: "but if what I would not, that I do, it is no more I that do it, but sin which dwelleth in me" (Rom. 7:20). The term *sin* is the precise equivalent in the moral sphere of the evil spirit in the pathological sphere. Moreover, to-day psychopathologists recognize the fact that in many cases of so-called nervous diseases the patient's acts are the result of a subconscious compulsion with which the normal will is scarcely able to grapple. What is needed is not to reproach the sufferer with the charge that he is weak but to cast out the devil, and that was precisely the kindly procedure of our Lord.

Gradual Recoveries

It appears from the meager evidence we have of our Lord's healing that in many cases the relief was immediate, but it was not always so. It is clear that sometimes even the Son of God had to labor persistently with stubborn human maladies, even as Elisha toiled to the point of repeated exhaustion over the case of sunstroke (2 Ki. 4). An interesting illustration of the gradual cure is that of the blind man brought to Jesus at Bethsaida (Mk. 8:22-26). When the sightless eyes were first anointed, Jesus asked the patient if he could see at all, and the reply was that he could see forms which suggested trees, but as they were moving he inferred that they were men; that is, there was some power of vision, but it was blurred and indistinct. Then after Jesus again placed his hands on the weak eyes, possibly keeping them there for some minutes, and the sufferer made a concentrated effort, an important note in the cure, and the obvious meaning of the statement that he "looked steadfastly," the cure was complete.[1]

[1] Some of the commentators say that this is the only case in which the healing was gradual. It will appear from the

Another case is that of the ten lepers to whom, when they appealed for help, Jesus gave the command, "Go show yourselves to the priests" (Luke 17:14). Each of the men was required to return to his home town, a different goal for each one; and to present himself to the priest of his native village; for it was the priest alone who had authority to pronounce a leper cured and to release him from his exile. The discharge was equivalent to a release from quarantine. We are told that while they were on their journey, the disease disappeared. It is true that the words will admit of the interpretation that the cure came quickly, but on the other hand it is perfectly possible, and I think highly probable, that some hours elapsed before the leprous sores were healed, for some of them may have been far from their homes.

Again sometimes the cure seems to have been

other cases cited that this is not true. The exegetes have tended to interpret the passages in an apologetic interest, and therefore emphasize what appears to be miraculous. The real truth is that the wonder is in the fact of the cure, not in the shortness of time in which it is effected. Others like Weiss, desiring to eliminate the miraculous, contend that all of our Lord's cures were brought about gradually. This conclusion is at variance with many plain statements in the gospels.

immediate, but the means employed were such that some space of time was consumed in the application. Thus in the case of the man suffering from congenital blindness, our Lord placed on the sufferer's eyes a poultice of clay and spittle, and bade him go to the pool of Siloam, and it was only after he had washed off the ointment in the pool that his sight was restored (Jn. 9:1-7).

Mass Treatment and Absent Treatment

In the healing ministry of our blessed Lord we notice further the phenomenon of mass treatment, though it seems to be exceptional; how exceptional we may infer from St. Luke's statement: "And when the sun was setting, all they that had any sick with divers diseases brought them unto him; and he laid his hands on *every one of them* [individually] and healed them" (4:40). Nevertheless in the case of the ten lepers cited above a single healing command was addressed to the whole body and it was effective for each one. Similarly in the case made famous some years ago by the discussion between Wace and Huxley, if we accept St.

Matthew's version, there were two violently insane men cured by the one word giving permission to the devils to enter into the herd of swine (Mt. 8:28). It is only fair to note though that according to Mark 5:2 and Luke 8:27 there was but one afflicted person. One instance, however, suffices to establish the point.

In the vast majority of cases the afflicted were present when the healing was brought about. Even those too ill to walk to the great physician were carried into his presence by faithful and devoted friends, and sometimes he was taken to the bedside of the sufferer. It was certainly generally assumed that our Lord's power to heal was limited to the range of his personal presence; the sister of Lazarus expresses this common belief when she laments to the Master, "Lord, if thou hadst been here, my brother had not died" (Jn. 11:21). Nevertheless there are three well-known instances in which we have what may be called absent treatment, greatly as the method of such healing differs from that of those who practice that procedure to-day. These are the nobleman's son, in which the petitioner asked Jesus to come to the bedside of his

critically sick son, but who was persuaded to return with the assurance that his boy would recover (Jn. 4:46 ff.). There is the case of the beloved servant of the centurion, likewise at the point of death; in which case, however, the petitioner himself showed his faith by insisting that Jesus need only speak the healing word (Mt. 8:5-13; Lu. 7:1-10).[1] Finally, there is the daughter of the Syro-Phœnician woman, where our Lord was finally persuaded to pronounce a cure, though the sufferer was far away (Mt. 15:21-28; Mk. 7:24-30). At this point I content myself with calling attention to the facts, but at a later stage the subject of absent treatment must receive due consideration.

Tell No Man

There is an interesting feature of our Lord's healing in which it differs radically from that of any class engaged in therapeutic work to-day, and that is his frequent insistence upon secrecy. Several times we are told that he charged the relieved sufferer to tell no one of the source

[1] The three accounts differ in many points; see notes on case 8 at the end of this chapter.

whence his good fortune had come. And in the case of the blind man at Bethsaida, Jesus took him by the hand and led him away from the village before attempting any curative measures (Mk. 8:23). The object is apparently privacy, though it may be that, recognizing the seriousness of the disease, the journey was designed as a measure with a therapeutic aim. On the other hand, it appears that at times Jesus invited pitiless publicity to the healing. This is noticeably so in the case of the man with the paralyzed arm who was healed in the synagogue on the Sabbath day (Mt. 12:9-14; Mk. 3:1-6; Lu. 6:6-11). Here again, however, such a procedure as asking the man to stand up in the presence of the congregation while the justification for healing on the Sabbath was made is susceptible of the explanation that the delay and the focusing of attention had a therapeutic aim.

Diagnosis

It is apparent that our Lord took into consideration the characteristics of the malady that he undertook to relieve. Hence the ridicule of Christian Scientists upon any attempt at diag-

nosis finds no warrant in the experience of the great Physician. It is true that the evangelists have recorded but meager accounts of the cures, but it is significant that Jesus used different remedies for what appear to be identical complaints. Fortunately, we are not left to inference, for we have a scrap of precious information about the demoniac who was brought to be healed while Jesus was on the Mount of Transfiguration. To two of the evangelists who told the story this bit was so seemingly unimportant that they have left it out of their record, but fortunately St. Mark has saved the significant detail (9:21). From the fact that nine of his disciples, who had become quite experienced in healing such cases, were unable to relieve the man's pain, as well as from the father's description and the symptoms shown at the time, it is plain that the disease was of unusual severity. Now the one question which Jesus asked the father, and the question has no parallel in the gospels, was, "How long is it ago since this came unto him?" And the father replied, "Of a child," showing that it was a long-standing case and had begun early in life. Even though

we are not informed as to the patient's present age, it is plain that the disease was chronic, and any physician has learned the obstinacy of those long-continued cases.

The Methods Employed

We turn now to consider the means employed by our Lord in his mission of relieving the world's pain. First, that it shall not even seem to be ignored, I cite his own explanation of the agency by which he cast out devils, that it was "by the finger of God" (Lu. 11:20)[1] or "by the spirit of God" in St. Matthew's version (12:28). The expression does happily emphasize the religious element in healing. It cannot be doubted that this life-giving and life-renewing spirit of God is the ultimate source of all healing. But the problem of all therapeutists

[1] The expression cannot, of course, be understood in a literal sense, for God naturally does not have fingers. The phrase is used in the Hebrew Scriptures to denote the power of God or the agency of God. Thus when the Egyptian magicians failed to produce lice as Aaron had, they said, "This is the finger of God" (Ex. 8: 19), indicating a revelation of superhuman power. The two tables of the testimony were said to have been written by "the finger of God" (Ex. 31: 18; Deut. 9: 10), to mark the great authority of the law written upon the tables. The heavens are declared to be the work of God's fingers (Ps. 8: 3).

is to find the means by which this great power can be made effective. Somewhere in this city there are mighty dynamos generating electricity sufficient to furnish light for every house, but it will be useless to any one who has not proper connections and lamps at the end of the wires.

It was the usual custom of our Lord, except in cases of demoniacal possession and perhaps in leprosy, to touch the sufferer, or to lay his hands upon him. There are a few cases in which we have the specific information that he touched the seat of the disorder, putting his fingers into the deaf ears, upon the stammering or speechless tongue, and upon the visionless eyes. We recall St. Luke's statement, already quoted, that when vast numbers of sick were brought to him, "he laid his hands upon every one of them and healed them" (4:40). In dealing with the severe demoniacal case which so puzzled his disciples, he first commanded the unclean spirit to come out of the tormented person, and when the convulsions ended in a state of prostration so extreme that the bystanders believed the man dead, Jesus then took him by the hand and raised him up alive and well.

Does this mean that when Jesus touched the patient some mysterious power was transmitted from his sound and whole life to the diseased life of the sick? The question is important, for there are many people to-day who believe they have some peculiar healing power, and that they can transmit vital force to the sick sufficient to restore them to health. The idea seems to underlie the question so often asked of the modern psychotherapeutist, "Does not this work take a lot out of you?" There is a wide belief that the healer can cure only by giving out some power from himself.

There is an incident in our Lord's ministry to the sick which seems to give color to the theory that some power was directly transferred from him to the sufferer. I refer to the woman with an internal hemorrhage who succeeded in touching the hem of his garment, and the flow of blood was healed (Mt. 9:20 ff.; Mk. 5:25 ff.; Lu. 8:43 ff.). It is true that the gospel versions of the story differ greatly, as more fully set forth in my notes,[1] but in both St. Mark and St. Luke the statement is made that

[1] See on case No. 11 at end of this chapter.

virtue or power or force had gone out of Jesus at the moment of the woman's touch, and it may be added that in St. Luke's account Jesus himself says, "I perceived that power had gone forth from me."

It is a simple interpretation of these words that the reference is to such a subtle healing force as I have spoken of above, but it is not the only interpretation. For it may easily be that what Jesus did perceive, and what one so sensitive to the cry of pain could hardly help perceiving, was that among all the jostling incidental to the curious throng pressing upon him from all sides, there was one touch different from all the others in that it was the urgent appeal for help from one in great distress; and it may easily be that Jesus heard the woman's remark, "If I may but touch his clothes, I shall be whole," a remark which only St. Matthew qualifies by adding "within herself." That the transmission of therapeutic energy is not the right idea is pretty clear, however, from the fact that according to St. Mark (5:34), the healing was not complete until after Jesus had discovered the one who had touched him and uttered

the healing message. Further we must notice that in all three gospels our Lord says to the woman, "Thy faith hath made thee whole," a statement precluding the idea that any subtle essence emanated from him.

The second method of Jesus was the employment of a spoken word. In many cases there is no record of any other therapeutic measure, though it frequently is employed in connection with the manual touch, a striking instance of which is that in which he put his fingers into the ears of a deaf mute and touched his tongue, and looking to heaven said, "*Ephphatha,* be opened" (Mk. 7:33 ff.). In the case of lepers the spoken word was the only means that could properly be employed, for contact between the leprous and the well was strictly forbidden, and our Lord was never a lawbreaker save when there was a conflict between the laws of man and of God.[1] As already indicated, a command for the devil to come out was the almost invariable

[1] There is one case in which Jesus is said to have touched a leper (Mt. 8:3; Mk. 1:41; Lu. 5:13). It is possible that Jesus did this deliberately to show his great compassion and his beautiful fearlessness. On the other hand, it is possible that the report of the touching is an error. The disciples would not be very critical in such a matter.

means of cure in the cases of demoniacal possession. From the theory of these diseases that was the most natural method to pursue, and it may be added that to the sufferer who held that theory of his malady such a command made a potent appeal. Just so to one weary with a gross materialism, the sweeping assertion that there is no such thing as disease comes with great force.

Again, our Lord sometimes employs a decidedly material agency. The recorded cases are few, but they are enough fortunately to forever confound the devotees of a modern cult who in the same breath appeal to the authority of the Scriptures and absolutely condemn the use of any kind of drug whatsoever.

I have already cited the use of clay ointment upon the eyes of a blind man (page 20). There are other cases in which spit was placed upon the tongue of a stammerer (Mk. 7:33), and upon the eyes of a blind man (*ibid.*, 8:23). In each instance saliva is the essential element. Naturally this substance has no therapeutic value, but among the ancient Semites it was sup-

posed to possess real or magic power.[1] Our Lord seems to reënforce his appeal by an agent whose employment would at least make a good impression upon the sufferer. Or it may be that this agent was called upon merely because it was immediately available.

The Necessity of Faith

Our Lord, however, does not attribute his healing power to the touch of his hand, to the word from his lips, or to the spittle from his mouth, but to the purely moral force of faith. If I may use a term which has been degraded by unhallowed use, he was a faith healer. However freely he used material agencies, what he really relied upon to make the sick whole was faith.

The healing faith is usually required in the person who seeks relief. Again and again our Lord says to the one who has been healed, "Thy faith hath wrought thy cure." In some cases, he seeks to awaken an adequate faith before attempting any measure of relief, for thus must

[1] See article *Sorcery,* in Hastings' Dictionary of the Bible.

we explain the meaning of his question to the blind man, "Believe ye that I am able to do this?" (Mt. 9:28); for without faith he declared himself to be powerless. So we are told that he did not many mighty works in his own home district because of the unbelief of the people (Mt. 13:58). It is interesting to note, however, that in the parallel passage in St. Mark an exception is made in that Jesus "laid his hands upon a few sick folk and healed them" (6:5). It is ever so: they that are whole, or think they are whole, need not a physician. As long as a person is strong and well, he may be as skeptical as he pleases; but let him be gripped with pain and it is easy to believe that there is some power to heal. The crying need of help stimulates faith in its possibility. In the face of death and destruction ravaging the nations of Europe, there is a marked tendency to turn to God. In their dire straits the people come to believe in an infinite and beneficent power.

Again, the faith which heals may be wholly or chiefly in a third party who seeks relief for a suffering friend. This is plainly seen in the

centurion who sought aid for his faithful servant, in the Canaanitish woman who so piteously pleaded for her tormented daughter, and in the father who was not easily discouraged in his determination to find succor for his deranged son. It was the faith of those who broke through a roof to get their suffering friend into the presence of the great Physician, rather than the faith of the palsied himself, which impressed Jesus.

Finally, the faith may be chiefly at least in the one who essays to heal. At all events this faith is certainly a prerequisite in the good work. The most striking evidence appears in connection with the disciples' query why they had been unable to heal the demoniac boy. Their question implies that up to this point they had met with no failures, and they were puzzled to know the cause of their discomfiture.

Now it is true that there is conflicting testimony as to what Jesus said in reply. In one place we find Jesus' words, "This kind can come forth by nothing, but by prayer and fasting" (Mk. 9:29). The words, "and fasting," are recognized by all textual critics as a later

gloss added from an ascetic interest. Certainly fasting would be a clumsy therapeutic agent in acute cases requiring immediate relief, however beneficial it may be in digestive disorders. In St. Matthew the same reply appears as an addendum so contradictory to what precedes that the whole verse is surely pronounced a gloss (17:21). That gospel does, however, preserve the true and sufficient answer of Jesus, "Because of your little faith" (17:20). That must have been what our Lord actually said, for there is no evidence that he ever prayed on behalf of a sick person or that he taught his disciples to employ that agency. Certainly he did not pray in this case. Indeed, the commentators on St. Mark's gospel are obliged to fall back upon a general interpretation that healing power can be lodged only in a man who prays. But were not his disciples accustomed to pray? Had they not long before asked him to teach them this art? The truth is that when the disciples saw the fierce convulsions of the demoniac and realized the apparent hopelessness of the case, their hearts failed within them and consequently their power oozed away. It will

naturally not be inferred that it is vain to pray for the sick; prayer is an agency to which all may resort, and should be employed more generally and more specifically than is usual now. I shall say more on this subject later,[1] but now our concern is to learn just how Jesus explained the inability of his disciples, and there is no doubt that he attributes their lack of power to their lack of faith. This lack was not a general state, but applied only to their disbelief in their ability to do the thing demanded at the moment.

There must be faith, then, in the one who would relieve pain and in the one who seeks relief. The faith of the third party probably has value chiefly as it may influence the sufferer. The servant of the centurion, knowing what pains his master is taking for a poor slave, is pretty certain to acquire at least a grain of his master's faith. The palsied man may at the beginning be quite skeptical in regard to his friends' efforts, but as he sees their persistence, as he finally looks into the benign face of the one they have so ardently sought, as he hears

[1] See Chapter IV.

his gracious address, as he catches the needed message of one who could read his soul, "Thy sins are forgiven thee," it would be strange if there did not spring up in his soul faith at least as big as a grain of mustard seed, and sometimes even a little of that heavenly commodity will suffice.

It is because of the imperative need of faith in the afflicted that Jesus so rarely volunteered to heal the sick. He responded to every call, but only occasionally did he offer his services. The most striking case where Jesus did take the initiative is that of the chronic cripple who was found at the pool of Bethesda (Jn. 5:2-9). The preliminary conversation with the poor wreck may be explained as a measure to awaken a requisite faith; for some faith is essential.

Now this faith which has such tremendous power is a very simple matter. The term in the gospels covers merely the belief of the sufferer in Jesus' power to heal. The question put to the blind man, "Believest thou that I have power to do this?" proves the point conclusively. The Syro-Phœnician mother certainly had no knowledge or theory of the per-

son of Christ, and she was absolutely ignorant of the contents of the Christian faith, but she knew that her child was grievously ill, and she believed with her whole soul that Jesus could cure her, and it was that personal faith that proved to have such power. The woman who had vainly fought for twelve long years with all her substance to combat an issue of blood knew nothing of the doctrine of the Holy Trinity, but she knew that her misery was great, and she believed—O how intensely she believed!—that if she could get near enough to the good Physician to touch but the border of his garment her health would be restored. The faith which has therapeutic force is the belief that the disease can be cured and that the means employed, no matter what they are, will be effective.

After this brief review of the wonderful cures wrought by our Lord, we might raise the query: "What does it profit mere man to know what the incarnate Son did, or how he did it?" Nevertheless, my aim in this book is not historical. I could not be content merely with showing what God has done for suffering hu-

manity in ages long past, nor how He accomplished such splendid results. There is too much of that sort of thing in Christian teaching. It would be strange if God's hand were shortened that it could not save now, if the heavens were shut up so that no more manna could fall, if God no longer heard the cry of pain, or there were no means for relief. We should certainly go as far as Coleridge went years ago, and realize that God not only spoke but speaks. Greatly as we should exalt the unique personality of our blessed Lord and Saviour Jesus Christ; humble as the strongest and best may feel in the contemplation of his love, sympathy, goodness, and power, there are some problems yet to face, and I am deeply concerned with these four: first, the real explanation in modern terms of Jesus' methods of healing; second, the fact that his disciples were sent out to heal the sick, and that their efforts were apparently as effective as his own; third, in view of the undoubted facts, the responsibility which rests upon the Christian ministry to-day; four, and chiefly, the methods by which the ministry may meet the divinely imposed obligation. These

grave problems, not necessarily in this order, will receive due consideration in the chapters which follow.

SUPPLEMENTARY NOTES

It is desirable to give a somewhat detailed study of the cases of healing recorded in the Gospels, and so each story is reviewed in order to show its salient features.

1. The son of the nobleman of Capernaum, Jn. 4:46-53. The suppliant sought to induce Jesus to go from Cana to Capernaum, some fifteen miles, to heal his son who was too ill to be brought to the Lord. Jesus told the nobleman to return home as his son lived, i.e., would get well. Upon his return home he found that convalescence had begun at the very hour of his conversation with Jesus, and then he became a believer. The man was conservative and did not jump at conclusions hastily, a fact which makes his evidence the more valuable. The disease was an acute fever, and the patient was near death. Our Lord was several miles [1] from the sufferer, and no therapeutic measures were employed save the spoken word. The change

[1] Distance is more accurately measured by time than by miles. We know that the nobleman spent at least one night on the journey, for the servants said, "Yesterday at the seventh hour the fever left him."

came at the exact hour [1] the assuring word was spoken, though the period of convalescence may have been normal.

2. A demoniac at Capernaum, Mk. 1:23-28; Lu. 4:33-37. The sufferer was excited by some remarks which Jesus had made, and bursts out into wild speech, supposedly the voice of the evil spirit. Jesus, of his own initiative, commands the devil to come out. The immediate effect was to aggravate the malady, the spirit tearing the victim and making him scream (Mk.), and throwing him down (Lu.); but after the convulsion was ended the man was well. The cure was effected on the Sabbath day and in the presence of the ordinary congregation in the synagogue.

3. Peter's mother-in-law, Mt. 8:14 ff.; Mk. 1:29-31; Lu. 4:38 ff. At St. Peter's house directly after the above scene in the synagogue, this woman was healed of a fever. The cure was so prompt that she arose at once and served the guests. According to Matthew, Jesus acted of his own volition, but according to Mark and Luke, he was requested to heal the sufferer. In Matthew and Mark he touches the

[1] Naturally it would be easy to overstress *exact* in this case. We need not assume that either the nobleman on his journey or his servants at home kept a very accurate record of the time.

woman's hand without speaking; Mark adding, "And lifted her up," i.e., from her sick bed; while in Luke, "He stood over her and rebuked the fever, and it left her," the spoken word sufficing without a manual act. This cure was wrought on the Sabbath, but in comparative privacy.

In all three of the synoptic gospels this story is followed by the general statement of his curing multitudes of sick people who were doubtless brought to him in consequence of the quick spread of the report of what he had done that morning in the synagogue.

4. The leper in Galilee, Mt. 8:2-4; Mk. 1:40-45; Lu. 5:12-16. The leper seeks Jesus with the petition, "If thou wilt, thou canst make me clean," questioning his willingness but not his power, and thus disclosing his faith in the essential thing. All accounts say that he both touched the leper and said, "I will; be thou clean," and all report that the cure was immediate. Mark brings out the significant note that our Lord was "moved with compassion." The healer needs to have love as well as faith. All versions relate that Jesus charged the man to tell no one how he was cured—it being impossible, of course, to keep the cure itself secret—and to go to the priest to secure a lawful discharge.

5. The case of paralysis cured at Capernaum, Mt. 9:2-8; Mk. 2:1-12; Lu. 5:17-26. The gospels of Mark and Luke tell of the great crowd which filled the house where Jesus was teaching; Luke's account suggests that most of those present had come to be cured of disease. The four men who carried their bedfast friend could not even get near the door, so they broke up the roof and lowered the patient into the room. Jesus was impressed with the faith of those who would not be denied the attainment of their object. The means of healing was the spoken word only. At first Jesus said, "Thy sins are forgiven," but there was no result save to stir the resentful thoughts of the scribes (Luke adds, Pharisees); after meeting the objection and declaring that he had power to forgive sins, he directed the patient to arise, pick up his bed, and go to his house, and he obeyed. This fact is ignored by the commentators who assume that the paralysis was the result of the sufferer's sins. It is impossible to determine from the data whether the paralysis was organic or functional, but the statement is made that the cure was immediate, easily comprehensible if the disorder was functional.

6. The impotent man by the pool of Bethesda at Jerusalem, Jn. 5:1-9. This case is very like the preceding. No details of the disease

are given, but the sufferer was unable to walk, though he could crawl with painful slowness. The disease was presumably paralysis and was of thirty-eight years' duration. The sufferer must have been quite alone in the world, for he had no one to stand by to put him in the pool, which periodically was said to possess healing power. Jesus offered his services, and after arousing the interest and faith of the cripple cured him by the command to "Arise, take up thy bed, and walk." This cure was effected on the Sabbath.

7. The man with a withered hand. Galilee. Mt. 12:9-14; Mk. 3:1-6; Lu. 6:6-11. This cure, like No. 2, was effected in the synagogue on the Sabbath. Mark and Luke say that the scribes and Pharisees (so Luke; Mark does not say who they were) watched him to see if he would heal on the Sabbath. Matthew says they asked whether it was right to heal on the Sabbath. Mark and Luke, who so often contribute significant details, say that Jesus had the man stand up in the midst of the assembly and remain there while he met the objection of his critics, and so stirred the sufferer's expectation of a cure and awakened his faith. The cure was accomplished by the command "Stretch forth thy hand," bidding him do what he was heretofore unable to accomplish, and the cure was imme-

diate. From Luke we learn that it was the right hand that was afflicted. The term *withered* or *shrunk* suggests another case of paralysis, and the account indicates that the arm was affected as well as the hand.

8. The centurion's servant, Mt. 8:5-13; Lu. 7:1-10. Jesus was at Capernaum, but we are not told where the sick servant was, save that it is apparent that he was not present. Matthew says that the centurion himself came to Jesus on behalf of his servant, while Luke says he sent the elders of the Jews to intercede, and that when he was near the house another deputation met him and the latter spoke the words that Matthew ascribes to the Roman officer himself, namely, that Jesus need but say a word, and the healing would follow. In any case the sufferer was not in Jesus' presence. Our Lord expressed his surprise at so great a faith in his power. According to Luke, he does no more than this, and the delegation returns and finds the servant already well. Matthew says Jesus spoke the word as requested by the centurion, and at that hour the servant was healed. Luke describes the man as sick to the point of death, while Matthew reports it as a bad case of palsy. The case is similar to that of the nobleman's son, No. 1, but can hardly be identified with it.

9. The blind and dumb demoniac, Mt. 12:22;

Lu. 11:14. Luke mentions only the dumbness, but both accounts agree that the man was possessed with a devil to whose presence the disturbance in the sight and speech (or speech alone) was due. This fact suggests a hysterical infection. No details are given, save that when the devil was cast out the normal functions were restored.

10. The two demoniacs at Gadara, on the eastern shore of the Sea of Galilee, Mt. 8:28-34; Mk. 5:1-21; Lu. 8:26-40. Matthew alone reports two men. This is the most severe of any case mentioned in the gospels. The man was wild and fierce, dwelling in the tombs, and could not be restrained even by chains; he cut himself with stones, and went about naked; people were afraid to go into the region where he dwelt. A conversation is reported apparently between Jesus and the many devils, which were supposed to control the man. According to the belief of the times, the demons took the place of the man's own personality. The devils plead that they might enter the swine feeding near by, and to this Jesus assents. When the neighbors came out they found the demoniac sitting quietly at the feet of Jesus, clothed and in his right mind, an expression confirming the conclusion that insanity characterized by great violence is the disease in question.

11. The woman with an internal hemorrhage, Mt. 9:20-22; Mk. 5:25-34; Lu. 8:43-48. The disease had continued for twelve years, and Mark and Luke give details showing that it was like many modern nervous cases in that the patient had tried every possible agency for relief to the exhaustion of her resources, but without getting any relief. All the gospels say that the flow of blood ceased the moment she touched our Lord's garment, Mark giving the fullest information, "She felt in her body that she was healed of that plague," but Jesus assured her when he discovered the facts that her faith had cured her disease, not as she had supposed the magic power of his clothes (*cf.* Acts 19:12). On the meaning of the Lord's statement that he felt virtue pass out from him see page 27 ff.

12. Two blind men, Mt. 9:27-31. Jesus asked them if they believed he was able to cure them. Upon their assuring him that they did so believe, he touched their eyes and commended their faith and they saw.

13. A dumb demoniac, Mt. 9:32 ff. The dumbness was attributed to the presence of an evil spirit which had power to seal the sufferer's lips. As soon as the devil was cast out, the man was able to speak. *Cf.* No. 9.

14. The daughter of the Syro-Phœnician woman, Mt. 15:21-28; Mk. 7:24-30. This was a

case of demoniacal possession, according to Matthew, of a severe type. Jesus' apparent coldness at first may be explained as a necessary means of developing the woman's faith, to which alone our Lord attributes the daughter's cure. Matthew reports that the healing was effected at the hour Jesus spoke to the woman, but Mark says that when she returned home she "found the child laid [or better, thrown] upon the bed, and the demon gone out." Apparently the symptoms attributed to demoniacal possession had disappeared, but there was a state of exhaustion from which there was a gradual recovery.

15. The deaf stammerer of Decapolis, Mk. 7:32-37. The people who bring the patient to our Lord ask him to put his hand upon him, further evidence that that was his usual method of healing. Jesus put his finger into the deaf ears and touched the stammering tongue with spit, at the same time saying, "*Ephphatha*" (be opened), this in spite of the fact that the victim was deaf. Both ailments were relieved immediately. According to Matthew, who does not, however, record this case, a very large number of sick people were healed at this place and time.

16. The blind man of Bethsaida, Mk. 8:22-26. Here, too, the patient was brought by his

friends and they ask for Jesus' touch. Jesus took the patient out of the town to a solitary place. He put spit on the sufferer's eyes and touched him, and asked him if he saw. The vision was at first very imperfect, but after again putting his hands on the eyes and bidding him look up the cure was complete.

17. The demoniac by the Mount of Transfiguration, Mt. 17:14-21; Mk. 9:14-29; Lu. 9:37-43. The patient was brought by his father, but he was probably an adult, as the implication in Mark 9:21 is that he had suffered from his disease a long time. The trouble is a severe case of demoniacal possession, and the father's account, "Ofttimes it hath cast him into the fire, and into the waters to destroy him," suggests a mania with a suicidal impulse. The father had sought Jesus, but, as he was away, had asked the disciples to heal his boy; they had tried and failed, and the distracted father appealed to the Master who returned at the opportune moment. Mark's account shows an effort on the part of Christ to awaken a greater faith in the father, needed after the disciples' vain attempts. Whether the patient was too deranged to be affected by the conversation, it is impossible to tell. Jesus merely rebuked the spirit, and according to Matthew and Luke the cure was immediate, but Mark describes intense convulsions

followed by a prostration which made the bystanders believe the boy dead. Jesus then took him by the hand and raised him up. On the disciples' failure, see page 33 f.

18. The ten lepers in Samaria, Lu. 17:11-19. We are expressly told that these lepers, though they accosted him as he was about to enter a village, "stood afar off." Jesus answered their appeal for mercy by sending them to the priests, and he did no more. Their address, "Jesus, Master," and their request for his intervention show a certain degree of faith. Our Lord assured the Samaritan who returned to offer thanks that his faith had made him whole.

19. The man born blind, Jerusalem, Jn. 9:1-7. The case is memorable because in this connection we have our Lord's positive assertion that this affliction was not due to the sin either of the sufferer or of his parents. The therapeutic measures employed are the most elaborate recorded in the gospels. Jesus spat on the ground and made a clay ointment which he put upon the afflicted eyes, and sent the patient to wash in the pool of Siloam. The blindness was cured immediately after the bathing. This healing took place on the Sabbath.

20. An infirm woman, Lu. 13:10-16. This event also took place on the Sabbath, and in the synagogue. The woman had suffered from her

disease for eighteen years. She is described as bent over so that she could not straighten up. From the statements that she had "a spirit of infirmity" and that Satan had bound her, it appears to be a case in which demoniacal possession was supposed to be the cause of the paralytic condition. Jesus took the initiative himself, using both words of healing and the laying on of hands.

21. The blind man near Jericho, Mt. 20:29-34; Mk. 10:46-52; Lu. 18:35-43. Matthew says there were two blind men, the others one, and from Mark we learn that his name was Bartimæus. The sufferer heard a crowd passing, and learning by inquiry that Jesus was in the throng, he cried to him for mercy, persisting in spite of all efforts to silence him. There is here a brief preliminary conversation, and according to Mark and Luke the sufferer was healed with a word and was told that his faith had wrought the cure. In Matthew we read again that Jesus was moved with compassion, and that he touched the afflicted eyes, but spoke no word. All say that the cure was immediate.

22. The restoration of Malchus' ear, Lu. 22:50 ff. All four gospels record the injury from Peter's sword; John furnishes the name of the assailant and of his victim; but Luke alone contains an account of the healing. All

say that the ear was severed, John using a specific term *cut off*. The healing was effected by a touch, no mention being made of the return of the severed part. This is the only case in which our Lord's healing comes into the realm of surgery.

It is interesting to note that ten of these records are found in but a single gospel; two in Matthew only, Nos. 12, 13; two in Mark only, Nos. 15, 16; three in Luke only, Nos. 18, 20, 22; and three in John only, Nos. 1, 6, 19; one is found only in Matthew and Mark, No. 14; two in Matthew and Luke, Nos. 8, 9; and one in Mark and Luke; eight are on record in the three synoptic gospels, Nos. 3, 4, 5, 7, 10, 11, 17, 21. John does not record a case described elsewhere.

It is reported that in five of these cases the healing took place on the Sabbath day, a fact often giving rise to pretty serious controversy, and this interest may be partly the occasion of the record of the stories.

CHAPTER II

The Extension of the Healing Mission

OUR Lord never once hinted that his ability to heal the sick was due to his unique relationship to God. On the contrary he declared plainly that the gift of healing was not peculiar to him, even going so far as to say that any one who believed in him would be able to perform deeds greater than any that he had ever done.[1] It is vastly important to realize that Jesus insisted that others could heal the sick as well as he. Moreover, he early put his conviction to the severest practical test, for he sent out the twelve, and from the whole tenor of his instruction, especially as reported by St. Matthew (10: 1–42), the main object of their mission was to heal the sick. There are certain indications

[1] "Verily, verily, I say unto you, he that believeth on me, the works that I do shall he do also; and greater works than these shall he do; because I go unto the Father."—St. John 14: 12.

that Jesus feared excessive publicity[1] as the result of his wonderful cures, and he may have intended to relegate that office to his disciples. And this work was not limited to the twelve; for in St. Luke we have the story of the mission of the seventy followers, and they also were directed to heal the sick of every city they entered. It is clear that the disciples were successful even as their Master had been, for the seventy returned to him rejoicing because they had found by experience that they too could cast out devils.[2] Not only were those close to Christ able to thus relieve human suffering, but others caught the spirit of the movement, and found that they also could banish the devils which tormented human life. Moreover, our Lord approved of this spreading of the impulse to heal the sick; for he rebuked the over-zealous disciples who would enjoin those not belonging to their body from casting out devils in his name (Lu. 9:49 ff.). Our Lord wanted every

[1] That is the natural implication from the frequency with which he enjoined those who were relieved to tell no one who had wrought the cure.

[2] The term is presumably comprehensive, meaning that the seventy healed all kinds of sickness.

one to be free to engage in the effort to lift the burden of the world's woes.

It is a striking fact that so few healing cases are described in the fourth gospel, and those only which show the power of Jesus at its highest point: the curing of the nobleman's son, who was miles away at the time, by a spoken word, the fever disappearing at the moment the word was spoken; the healing of the impotent man at the pool; and the healing of the one who was born blind. The primary aim of this gospel was not to record what Jesus did, but to show that he was the Son of God. At the time when the gospel was written, healing by the disciples and other Christian workers was probably so common that most of our Lord's work in this field had no longer significance in view of the writer's apologetic purpose. Healing had passed from the Master to the disciples.

Now these disciples were for the most part a pretty crude lot of men. As they have been idealized by sculptors and painters and poets, they appear to be choice spirits and peculiarly

suitable for a heavenly mission; but such pictures as Tissot's, offensive as they seem to us, more nearly represent the truth. The disciples were uneducated and uncultured and unrefined, coming for the most part from the lower classes; nevertheless these men had stout hearts and were devoted to their Master, and they met the pragmatic test of success. Different as conditions are to-day, we may think of this point when we hear men insist that only specially trained physicians should be permitted to treat human ailments. That plea holds good for the innumerable maladies which require special medical knowledge; but on the other hand there are thousands of sufferers whom a physician can help only by casting away for the time his professional education and taking up measures in the employment of which he may be a veritable tyro.

Methods of the Disciples

We have very little information about the therapeutic methods used by the disciples. We naturally infer that they would follow closely

those they had observed in their Lord's ministry to the sick.[1] Therefore when we read that the disciples anointed the sick with oil (Mk. 6:13), an agency never so far as we know employed by their Master, we may well wonder whether the passage does not reflect a usage common at a later time.[2] The seventy reported that the devils were subject unto them in the name of their Lord (Lu. 10:17), and this use

[1] Our Lord merely gave the disciples the command to heal the sick. The implication is that he meant them to do it as he had done it. What we know of the disciples' methods belongs to the Apostolic period. From that time we name these few cases. St. Peter healed the lame beggar at the temple gate by using the command, "In the name of Jesus *walk*," and the touch, raising him to his feet (Acts 3:1-8, see further in Chapter III). St. Philip cured many that were sick, but there is not a word about the means he employed (*ibid.*, 8:7). St. Peter healed the bedfast Æneas by the spoken word only; but his introduction is, "Jesus Christ healeth thee" (*ibid.*, 9:33 ff.). St. Paul exorcises an evil spirit, that is, casts out a devil, by a command in the name of Christ (*ibid.*, 16:16-18). There is a peculiar story of the healing of the sick by placing upon them handkerchiefs or aprons which had touched St. Paul's body (*ibid.*, 19:12). There is nothing incredible in this statement, as will be shown in connection with the subject of suggestion in Chapter III.

[2] Anointing the sick was practiced by the Jews before the time of our Lord, and is spoken of by St. James (5:14), but it was not used by our Lord, nor so far as we know by his disciples. The method was extensively employed in the Church in post-Apostolic times.

of his name seems to be the only departure from his own methods, and certainly that was but a natural extension on the part of disciples.

It seems clear that no follower of Jesus Christ can to-day be indifferent to the cry of pain which still rings throughout the world. If we obey his command to preach the gospel over all the earth, we seem to be equally bound to heal the sick in every city and town we enter. Much as has been said to the contrary—it is easy to fling scorn at the Church, and now it is not an unpopular pastime—nevertheless I believe that the Christian ministry and Christian people generally have never been entirely unmindful of their duty, and have never ceased to try to do it. But it has been a case of the blind leading the blind, and only now are our eyes being opened. We can see a new duty, we can rehear the old command, and I believe we shall have the grace to respond.[1]

[1] It is not urged that every clergyman should be a practitioner in psychotherapy, but there should be enough engaged in that work so that every sufferer who desired such help would find it accessible. But every priest should be familiar with the principles of the science, for it will aid him greatly in his regular pastoral work. For several years at the General Seminary I have conducted a seminar at the

Classification of Diseases

All human diseases may be classified conveniently, even if roughly, as organic or functional. It is true that the border land is not always sharply defined, and yet there is a very real distinction between diseases in which there is organic degeneration, and those in which, however closely they resemble the former class in symptoms, there is no essential change in the tissues. This differentiation is not always easy to make, and often indeed quite impossible save by an autopsy, which is by far too late so far as the particular individual is concerned.

There is, however, another way of reaching the point, and by a more practicable method. As a matter of fact, diseases may be differentiated not only by their effects, but by their causes, and this seems to me to be a distinction that is both valid and vital. The cause of the pathological state may be material or mental, physical or psychical. The body may suffer from something coming from without or from something originating within.

request of the students so as to give the candidates for orders some simple training in psychotherapy.

This point is so important that I want to illustrate it a little. A person goes from a warm house out into the cold wind. The chilly breeze irritates the delicate membranes of the eyes, and the eyelids redden and the tears flow. Here is a condition obviously due to an external and physical cause. But a person may be told some distressingly sad news, and precisely the same effect is produced, the cause being internal and psychic. A person with sensitive nasal membranes may inhale, we will say, some fine pollen from plants. The particles lodge in the folds of the nasal passages, producing irritation and congestion. Nature's effort at relief causes a copious flow of the nasal secretions, and we have an acute case of hay fever. One subject to this much misunderstood and much maligned malady may be hypnotized, and while in this state, if an artificial flower is held under his nose and he is told that it is a pollen producing plant and will give him hay fever, a fully developed attack may result. In all outward appearances the two cases are exactly the same, but it is manifest that the cause is altogether different, and it seems only reason-

able to insist that the treatment should be different. The fact is that there is scarcely any disease of the human body, the symptoms of which may not be duplicated in a case that is purely functional in character and psychic in its origin.

The Responsibility of the Church

It is not to be inferred that the Church has a duty in some kinds of illness, and is absolved of all responsibility in others. My thesis is that the Church has a duty in every case of human suffering, but that her responsibility differs in kind though not in degree according to the nature of the malady. In some cases her call is secondary and indirect, but in others her work should be primary and direct.

The Church has never been unmindful of her duty when it was secondary and direct. The hospitals and dispensaries have been largely built and maintained by the churches or by Christian men whose act was the result of the Church's influence. Every large city parish which ministers to the poor must have a physician who is virtually a member of its staff.

The Church is meeting its responsibility best sometimes by sending for the doctor. The parish priest may spend alms for medicines as well as for bread and coal. The doctor might well look upon himself as belonging to a holy order, for he is surely doing God's work, though not the whole of God's work.

The Church shows that she never meant to relegate entirely to others the care of the sick; she never forgot that when material medicine is doing its best, there is yet perhaps something lacking. In the ordinal there is not much left of one of the chief duties laid by our Lord upon his disciples, but there is the solemn pledge that the priest "use both public and private monitions and exhortations, as well to the sick as to the whole."[1] There are some prayers for use in the public service for individuals who are sick, and for the whole community in time of epidemics. And above all there is an office for the visitation of the sick, an office in-

[1] In the exhortation to the Bishop-consecrate there is the specific injunction, "Heal the sick," and that is enjoined when the Presiding Bishop puts a Bible into the candidate's hands. It is evident that Bishops do not take this part of their office very seriously.

deed so antiquated, impracticable, and unhelpful that it requires not revision but thorough reconstruction; but it does stand as an expression of the Church's faith and recognition of her duty.[1]

The mischief in these offices is that one and all they aim at the sufferer's sins rather than his disease. The time for a brave priest to attack a sinner is when he is strong and well, not when he is sick and weak and downhearted and weary. Because the Church has taken this attitude, the physician often wisely closes the door of the sickroom to the clergyman; one is not wanted who comes to prepare for death rather than to fight for life. The underlying evil in the Church's ministrations is that they are based on the theory that disease is the result of sin, and one who goes to relieve pain with this generalization as his guide is a Job's comforter indeed. Let us remind ourselves that our Lord sent his disciples out to heal the sick, not to search their souls for sin. The priest should

[1] I speak only of my own church, because I know the conditions in that body. Other churches may be more faithful to the ancient obligations, though such meager knowledge of conditions as I have is not reassuring.

go to the bedside of pain to aid the physician and the nurse, not to undo their work. And if by his gentle, comforting words, if by the kindly touch of his consecrated hand to a feverish brow, if by his earnest pleas on his knees for the healing of the disease, if partly owing to these ministrations, the sick man is made whole, he will not need to point the moral. A woman was ill with pneumonia. She was attended daily by two excellent doctors and there were two trained nurses alternately on duty. In addition, and at the request of one of the doctors, a clergyman experienced in psychotherapy made a daily visit. This was timed to coincide with the period when the patient's condition was bad because she fell into a state of nervousness and agitation, a state upon which disease can thrive. The result of his comforting ministrations was that the restless patient became calm and quiet again, and when finally she recovered she ascribed her cure not to doctors, nurses and medicines, but to a priest. And from a strictly scientific point of view she may have been right in the main, for, vital as the medical treatment was, it is true, as I shall try

to show later, that moral and religious forces may exert an important therapeutic influence even in organic disease.

The Suffering in Nervous Diseases

Nevertheless, it is the other class of diseases in which psychotherapy comes peculiarly to its own, and in which the Church may find a proper field to obey the command of Christ by giving primary and direct help for the relief of pain. In these cases the clergy may not only comfort, but they may, and I believe with all my heart, should, cure.

The field is very large. Until one has had occasion and opportunity to know the actual conditions, it is difficult to believe what vast hordes of people are suffering from the so-called, or rather miscalled, nervous disorders. And they really do suffer. In organic diseases the pain is not very great, it is usually not very long continued, and it is wholly of the body; in the psychopathic diseases, the pain is often almost unbearable, it never lets up for long at a time, and it is of the mind. That pain of the body is a small thing compared with pain in

the mind, may be shown by an actual occurrence. A physician, who was in the depths of neurasthenic depression, broke his arm. While the surgeons were setting the fractured bone, at the crisis when they knew that the pain was most severe, they asked the patient if he could stand a little more. He replied, "Pull hard, boys; it positively feels good, for it makes me forget the utter misery in my mind."

Again, organic diseases usually have a limit. No matter what sort of treatment the patient has, the malady has a more or less definite course to run, and the patient either dies or gets well. But in the psychopathic disorders, the disease never kills, and, with the usual means of treatment, is too seldom cured. A miserable existence is dragged out month after month and year after year, and there is no relief, so that the sufferer reaches a state of discouragement which alone is a heavy burden to bear.

Then the sufferer from organic disease has a malady which is understood of all men. Family, friends, and neighbors join in serving him to the best of their ability. They administer no reproofs, they lay upon the sufferer no

blame, and he has the tremendous moral support of their love and sympathy. But the one who suffers from a nervous malady is an outcast. Nobody understands him; nobody believes in the reality of his complaint; he is credited with bewailing ills that are imaginary, and is supposed to be the victim of his own weakness; weakness not of the body, but that supposedly most shameful weakness, of the will. In the one case the friends send flowers, in the other they are wont to throw stones.

And yet the recognition of these disorders is not altogether modern. In the year 444 B. C., a royal butler, who had been for months in a state of great depression, appeared in the course of his duties before his master, the Persian king Artaxerxes I. The acute monarch easily discerned that his courtier was in great distress, but he shows discrimination in his question and his verdict: "Why is thy countenance sad, seeing thou art not sick? This is nothing else but sorrow of heart," or better, *a malady of the mind* (Neh. 2:2). The king perceived that his cup-bearer was not sick in body, but he did see that he was sick in soul. He did not

reproach him for weakness of character, nor advise him to take a much-advertised nerve drug, but he showed sympathy for Nehemiah, and gave him permission to take the course which speedily resulted in a cure.

Contrasted Mistakes

The king's discrimination is greatly needed to-day. On the one hand, we find a large organization like the Christian Science Church, in which there has been a growth so great and so rapid that it invites investigation and perhaps searching of heart. The physician is often compelled to ask the Christian Scientist that very humiliating question, "Why could not we cast it out?" For these healers have often succeeded where doctors have failed. And yet in this cult no discrimination between different classes of ailments is recognized. All diseases are denounced as "errors of mortal mind." This solid flesh is denied reality, and the inevitable corollary is that pain and disease have no existence. Therefore it does not make any difference whether the disease is infantile paralysis or hysteria, a deadly cancer or a

nervous headache, the treatment is purely mental, or, if they like, religious. If these people were strictly logical, precisely the same remedy should be applied to a wound, to a broken leg and to a decayed tooth; but few people are altogether logical.

On the other hand, there is the medical profession. I would like to say much in praise of physicians. It is a body of hard workers, its members are earnest students, they labor along scientific lines, and they are, on the whole, quite self-sacrificing. But the almost inevitable tendency in medicine is toward materialism. The science of Darwin and Huxley belongs largely to the past, but it was a powerful force in its day, and it exercises too great an influence in medicine still. Moreover, the medical student properly begins his studies with the human body, and alas! he too often never gets much further. The last terrible conclusion of a gross materialism was that mind was merely a function of the brain, that apart from the physical organ the mind has no existence.

The result was that the physician tends to rely chiefly and often exclusively on material

treatment for every form of disease, and thus goes to the opposite extreme from the Christian Scientist, and yet reaches the like conclusion that all diseases are to be treated by the same general means. It is only just to say that the laity are partly to blame for this unfortunate condition. Too many laymen believe that there is a drug that will relieve every human complaint if only the magic compound can be found. Too many people would be resentful at paying a doctor's bill if he had not written many prescriptions. The Christian Scientist agrees with the chronicler who condemns good King Asa because when he had the gout he sought the physicians and not Jehovah (2 Chr. 16:12). Physicians resort to Jehovah too little.

My plea is that we shall seek both Jehovah and the physician; that all diseases shall be carefully studied and the most suitable remedies shall be applied for each. The chief concern in this treatise, however, is with the functional nervous disorders, for they are the ones which call for remedies, which any one may indeed prescribe, but which the clergy above all should be able and eager to furnish. This will appear

the more plainly if we consider a little more carefully the nature and cause of these strange and intricate diseases.

The Influence of the Mind Upon the Body

We will approach the subject along such broad lines that we shall not easily lose our way. It is desirable, first of all, to be reasonably sure of the fact of the mind's influence upon the body and to form some idea of its extent. As the significance of the commonest phenomena is often overlooked, we will cite as the first illustration of psychic effects upon the body the condition of a person weeping. The eyes are inflamed, tears stream down the cheeks, the frame is shaken with convulsions, groans and sobs are heard. Here surely is a marked state of physical disturbance, and were it not so unhappily familiar might easily be regarded as a serious bodily disorder. But we know that the cause lies wholly in the disturbed emotions, and when we attempt to minister to one in such a state, we never dream of applying material remedies, but we seek to exert a quieting influence upon the mind.

It is well known that the digestive function is peculiarly susceptible to mental or emotional influences. When we are downhearted we can scarcely eat at all, and what we do manage to swallow will hardly digest. If, at the moment of finishing a substantial meal, certain emotions are aroused, like sadness or anger or fear, the process of digestion is arrested, and the food lies in the stomach like a lump of lead. These are temporary conditions and usually soon pass away; but indigestion easily becomes a habit, and as such can only be explained as due to a mental influence.

Fear exercises great and varied influence upon the body. We have the proverbial saying, "Fear lent him wings," and the saw reveals truth, for there are innumerable cases in which a person has displayed almost superhuman power under the stress of fear. In other cases the opposite effect is seen, for fear often paralyzes, so that a person in danger is unable to move or speak, bound in the waking state precisely as in a nightmare.[1] Similarly we may

[1] A veterinary surgeon told the writer that once while hunting he saw a rattlesnake directly in his path and only

have excessive palpitation of the heart from excitement or embarrassment. Indeed, there is no organ of the body whose functions may not be noticeably affected by an emotional excitation.

The matter has often been the subject of experiment upon persons put into the state of hypnosis. Tell such a person that he has a fever, and his temperature will rise; tell him that he has a chill, and he will shiver and the temperature will fall; tell him that he has a cold, and he will immediately sneeze and cough and a handkerchief becomes an imperative necessity.

Another striking illustration of a purely psychic force working upon the body is the phantom or hysterical tumor. The condition is so puzzling that there is a case on record where preparations were completed for the excision of a tumor, but the operator's hands were stayed because the swelling disappeared as soon as the ether was administered. There is hardly a human disease the exact symptoms of which

a few feet away. Though he had a gun in his hand, he found himself utterly unable to move a muscle. Fortunately his companion had more stable nerves and promptly shot the reptile.

may not be found in persons suffering from hysteria, only back of the symptoms in the hysterical case there is no organic cause.

Can the mind go further and produce organic changes in the body? I am not able to go into this question very much. The matter needs fuller investigation by competently trained men. But there is considerable trustworthy evidence which tends to an affirmative answer to the question. Victor Hugo makes the hair of his hero turn white in a night. Hugo was writing fiction, but fiction is often based on truth. An organic change like this may not be so quickly produced by mental forces, but the evidence is pretty strong that continued emotional stress does bring premature gray hairs. At least one such case lies within my own experience.

As cautious a biographer as Sabatier records as a probable fact the stigmata of St. Francis of Assisi, and suggests the true explanation, that the saint had so long dwelt upon the wounds in the hands of his Lord, that organic changes were wrought in his own.[1]

[1] *Life of St. Francis of Assisi,* by Paul Sabatier, Chap. XVII.

Here again the most striking experiments have been made by hypnotists, not by the mountebanks but by scientifically educated men, mostly physicians. A piece of gummed paper was placed on the shoulder of a hypnotized subject and she was told that this would produce a blister. The next day several blisters appeared which suppurated freely. Blisters were likewise produced upon a hypnotized boy who was made to touch a cold stove, the subject being given the impression that the stove was hot.[1] This subject is, however, of only secondary importance to my subject, and I need not pursue it further. It does, however, indicate that there is no form of disease in which moral and spiritual influences may not have a beneficial effect. Nevertheless it is well to remember that a hot stove will cause blisters as well as suggestion, and that wounds in the hands may be due to less spiritual forces than those which affected St. Francis.

[1] These cases are cited from Bramwell, *Hypnotism, Its History, Practice and Theory,* p. 83. Instances may be found in almost any work on hypnotism. Bramwell says that he has never been able to produce a blister, but has got as far as local redness.

It must be frankly admitted, nay, in view of the many cults which insist upon mental healing alone for all human ills, it needs to-day to be loudly proclaimed, that a bad mental state may be due wholly or chiefly to physical causes, in which case the treatment must be aimed mainly at the body. A beautiful illustration is found in the Old Testament. The great prophet Elijah was in the wilderness to the south of Beersheba. He threw himself into the poor shade of a broom-tree, and was so deeply depressed that death seemed the only way out, and he poured forth his bitter woe in a prayer that his God would take away his life. While he slept an angel visited him—wise, indeed, are the angels of heaven—and placed by his side a loaf of bread and a cruse of water, and waked him with the invitation, "Arise and eat, because the journey is too great for thee" (1 Kings 19:1–8). The prophet had been threatened with death by the outraged Jezebel, whose seers he had slain. He had fled in haste the long way from Samaria to the Judean wilderness, and on the journey had probably not tasted food. His mental anguish under the

circumstances was undoubtedly very great, but the angel was wise enough to perceive that the urgent and primary need was food and drink.

Those who offer moral consolation where material aid is required, who sit by and demonstrate over a broken leg, who merely mumble words over a patient whose life is rapidly burning away with a fever, who do not realize that a hot stove will burn as well as suggestion, that ice will cool as well as words, and sometimes more surely and quickly, are about as unreasonable and as unchristian as the one scornfully described by St. James: "If a brother or sister be naked and in lack of daily food, and one of you say unto them, Go in peace, be ye warmed and filled; and yet ye give them not the things needful to the body; what doth it profit?" (Jas. 2:15 f.).

It is easy to see, though, if we may go back a moment to Elijah, that hunger and thirst and fatigue were not the whole of his trouble. They were the conditions requiring immediate relief, but the angels went further to complete the cure, and so they showed him that he was not, as he had in his despair supposed, the only wor-

shiper of God left in the whole kingdom of Israel. I could sympathize with a young woman who calmly proposed that if I could suggest to her an income of $20,000 a year she would be instantly well, but I was not sure she was right. For I once had a case of nervous breakdown which showed how little material treasures can minister to a sick soul. The patient had been prosperous and rich, but business reverses had come and left him stripped as bare as Job. He assured me that he would be all right again if he could be relieved of his financial straits. While I was treating him, he reëstablished his business footing with what he called "a handsome salary," and if he called it "handsome," heaven knows that it would have looked big to me. But did the devil then come out? Was this a kind that comes out by silver and gold? No, there was not a single symptom of his trouble bettered in the slightest degree by the comforting assurance that he could again "fare sumptuously every day." For the trouble was in the heart, not in the pocket. It is vain to minister with material gifts where spiritual forces are required.

The Cause of Insomnia

What are the forces then that are responsible for so much misery among the sons of men? To be concrete, what causes the very common ailment of insomnia? Why is it that most people go to sleep directly they go to bed and remain in that happy state the whole night through, while thousands of others roll on their beds for hours before sleep will come, or go to sleep at once and remain so for two or three or four hours, and then waken and try to endure the rest of the night as best they may?

I leave out of account the relatively few cases where there is an acute condition, like pain or emotional distress, and the number of sufferers is not noticeably diminished by the subtraction. There are very many people who are sound and well, and yet who do not get their fair share of that blessed gift of God. Well, how do the sufferers themselves explain it? I cite a few samples. Some say coffee keeps them awake. They must have been reading advertisements in the trolley cars telling of what

dreadful things coffee does to men and recommending a substitute. Coffee must indeed be a powerful drug if a tiny cup drunk at seven o'clock can bar the advent of sleep four hours later. Then in spite of the advertisement there are still quite a few people that stick to the old-fashioned drink, and many of them to my certain knowledge are exceedingly good sleepers.

Many others attribute insomnia to fatigue. It is proclaimed as an indisputable fact that great weariness banishes sleep. Here, too, I have to confess that "I am from Missouri." I read the other day of some English troops released from a long period in the fearful trenches and going toward rude shelters in the rear for rest. They were so dead beat that they did not wait to reach a building, but threw themselves down by the roadside and sank at once into deep slumber, though at the time it was raining hard! Some of Scott's men, on that ill-fated Antarctic expedition, striving hard to get back to their camp, became so tired that they slept while in their traces, hauling sleds. The fact is that fatigue is naturally one of the best known con-

ditions to induce sleep. So we see children, exhausted by long hours at work or play, that cannot be prodded into wakefulness.

Another explanation of wakeful nights is noise, the machinery in a hotel, the autos and trolleys in the streets, the rumbling, rattling and banging of a train, the snoring of a neighbor, or even the ticking of a clock. But the jaded soldiers sleep in the trenches of Europe when they can get a chance, and from what I have read there must be some noise there, especially when a bombardment is in progress, and that seems to be all the time. Our Lord slept very deeply on a little boat on the sea of Galilee in a fearful storm; with the wind howling, with the rigging creaking, with the sailors rushing and shouting and possibly swearing, the stern of that ship could not have been a very quiet place to sleep. The usual noises of the night, noises we are familiar with and which do not concern us, ought not to keep anybody awake.[1]

[1] A patient who came to me for insomnia said she was going to move to another room, because the one she occupied was in a noisy part of the hotel. I told her that she must remain in that room until she learned to sleep there, then she might move if she liked. This Spartanlike message

What is it then that does the mischief? The answer is that it is an idea. We may call it habit, expectation, fear, or what we like, but the real cause of the sleepless nights is something in the mind. One of our most prominent bishops told me of his great suffering from insomnia, and asked me why he couldn't sleep. My reply may have sounded impertinent, but it was true: "Because of your little faith." One bad night begets another, because it creates the expectation of another, and in this delicate phenomenon of life, prediction surely tends to fulfil itself.

The truth is pretty evident in the case of those unfortunates who awake at a more or less fixed hour in the night. For man long ago discovered the fact that he can train himself to wake up at the hour at which he wishes to rise. He

amazed her, but it produced the desired effect, and she did not move.

A young girl complained that noises kept her awake. At the moment a wagon was slowly unloading coal under my window. I told the maiden that she could hardly find a more trying noise than that at night, and that if she would put her head back in the chair and close her eyes she would soon go to sleep. My prediction was fulfilled, and the child's troubles were ended.

does it by impressing upon his mind the time he must awaken. But the same result follows from unconsciously fixing in the mind an hour at which one expects to awaken, little as one desires it. After all, the proof of the pudding is the eating of it, and this theory of the cause of insomnia finds its best justification in the ease with which it can usually be cured. Here let it suffice to add that as we find that lack of faith is the commonest cause of poor sleeping, this ailment comes into close relation to the sovereign remedy insisted on by our Lord.

Hay Fever

Many other functional ailments are to be accounted for in the same way. Though I be deemed as mad as Columbus when he proposed to sail around the world, I shall nevertheless boldly assert that hay fever is a disease of psychic induction. There are several facts which give mighty support to my contention. This malady often comes on the patient on a certain day of the year. Now the nasal passages do not watch the calendar, but the mind does, especially when something important is

expected. Again, hay fever has many supposed causes; pollen from plants, dust, fog, and cold winds all do the trick; but, and let this sink into our minds, one person contracts it from dust, but not from fog; another from pollen, but not from cold wind, and some people will not catch it from all four combined. The nasal passages in all people are essentially alike, but the ideas which work in our minds are different. Then further, certain places are not only immune, but sufferers who seek these havens are cured. Are there any places free from pollen or dust or fog or cold winds? At all events there are few places clear of pernicious mental influences.

I have already described a case in which an acute attack of hay fever was brought on by hypnotic suggestion, a case that proves that the disease *can* be produced by psychic forces. It is a reasonable inference that hay fever is always [1] thus to be explained.

The manner of the development of the malady

[1] This word may seem too sweeping. It is possible that there is a hay fever of an organic type, but I believe it very rare. In treating an acute and severe attack I have seen every trace of the disease disappear in a few hours.

points to the same conclusion. Here is the story of a bishop who is a victim. Bishops apparently are not immune from pernicious mental influences. Several years ago he had occasion to take a long ride over a dusty road on a still, hot day. When he returned there was much inflammation in the eyes and nose. He went to a physician who diagnosed hay fever and assured the patient that he would have an attack every year, unless he safeguarded himself by going in time to a place that was immune. The prediction has been literally fulfilled.

I have not treated very many sufferers from this disorder, but the almost invariably good results of the use of psychotherapy confirms my judgment as to the character of the disease. For I do not believe that similar beneficial effects could be obtained say in a case of true influenza.

Psychic Production of Other Ailments

What is true in the cases I have described at length, applies to a host of other functional dis-

orders; the so-called nervous indigestion, asthmatic affections, the vast majority of common colds, nervous headaches and numerous other pains in various parts of the body, constipation, writer's cramp and all other habit pains, are due to an idea in the subconscious mind. There is indeed in all these cases a more or less profound disturbance in the body, but the real seat of the disorder is in the mind, and the trouble can never be remedied except by some agent, whether it is a drug, massage, electricity, the laying on of hands, or suggestion, which will produce an effect upon the mind.

These psychic disorders are contracted in one of two ways. They may come from an original attack where the cause was physical. A person overeats and suffers in consequence. He solaces his conscience by attributing his indigestion, say, to stewed onions. Some time afterwards he eats stewed onions again, and soon he is conscious of the unpleasant fact that he has a stomach. Of course, every person under such circumstances protests that he never thought of his former attack; but we must re-

member that the subconscious mind, once grasping an idea, never lets it go until it is pried loose by a mighty tool.

Or they may come from association, that is really by suggestion. That is the way the poor hysterics contract their innumerable maladies. One of my patients came to me one day saying that she had a new disease, a cancer in the breast. Fortunately she was enlightened enough to know the real character of her ailment, and there was no tragedy. She had been for several days with a dear friend who was dying with that dread scourge, and the situation was very distressing because she had labored in vain to secure for the sufferer such relief as medicine could give. The result was pyschic contagion and she had exactly the same pain that her friend had, but happily she did not have the cancer that her friend had, and the pain was easily relieved.

In all these ailments there is a common feature. The sufferer has lost faith in the normal working of some part of the complicated and marvelously contrived human organism. By losing sleep we lose faith in our power to sleep;

by repeatedly taking cold, we lose faith in our power to resist cold; by having a pain in the fingers we lose faith in the ability of our fingers to hold a pen; by a few scattered attacks of indigestion we lose faith in the power of the digestive organs; just as by a few bad drives, we lose faith in our ability to hit a golf ball. In the great business of life as well as in golf, we are often "off our game," and, with the usual measures for recovery, we are likely to stay off for a long while.

A few things I trust are plain now: that these disorders are no jokes; they are real, painful and obstinate; that their very character and cause shows conclusively that there ought to be some means by which they can certainly be cured; and that their character and cause show that the remedy loudly indicated is a moral force sufficient to restore the particularly needed faith. The modern psychotherapeutist might use to every patient he cures the very words of Jesus, "Thy faith hath made thee whole." The problem is to kindle the enfeebled faith, just where it is needed. Anybody that can do that may heal multitudes of diseases.

Surely the power to arouse faith ought to be found in the Church of God. If the clergy cannot cure some of the sick, it is not because we are nineteen centuries too late, but because of our little faith.

CHAPTER III

Functional Mental Disorders

WE have considered briefly a type of functional disorders in which the body is affected. We saw that the manifestation of the trouble was a derangement of the normal working of the physical organism, though the cause of the disability is in the mind. Hence it was urged that the cure must be effected by bringing to bear a sufficiently compelling moral force working upon the mind.

There is another class of disturbances in which the body is practically unaffected, but in which there is very real and sometimes acute distress in the mental sphere. These are the psychopathic, as distinguished from the psychoneurotic or psychosomatic, diseases.

It is necessary to draw a sharp distinction between these maladies and cases of true insanity, a differentiation sometimes requiring all the skill of an expert. Just as a hysterical and

an organic tumor are closely alike, just as hay fever and influenza bear a striking resemblance, so some of these purely psychopathic diseases border so closely on true mental diseases that they almost deceive the elect. Yet there is a broad gulf fixed between them, and the harmless cases do not cross the danger line, though their victims often fear that they will. Were I to describe some of the symptoms of severe cases that I have seen, most people would say that the sufferers were mentally unbalanced, and yet they had not the slightest taint of insanity.

The use of nomenclature is often helpful. Somehow we grasp a thing better when we give it a name. To give them their titles, the three well-known and all-comprehending functional disorders are neurasthenia, psychasthenia, and hysteria. In neurasthenia the disturbances are chiefly in the body, in psychasthenia they are chiefly in the mind, while in hysteria they are both in the body and in the mind. In the cases where the mind is affected the disturbance is purely functional, while in true insanity the brain itself is usually diseased. Of course, a diseased brain may be cured, like a diseased

liver, but brain diseases are too difficult for the clergy, and their treatment would take us out of our sphere; accordingly I should be as unwilling to treat a case of true melancholia as to attempt to set a broken leg.

It is different with the innocent cases. And yet, if we have some experience with them, as we see the severe mental pain, and think of trying to cure them, we may well ask, "Who is sufficient for these things?" Almost any one might take hold of a case of nervous dyspepsia; if a cure is not wrought, at least no harm will be done. But the mind is more delicate than the body, and blundering efforts to relieve mental distress often make the last state of that man worse than the first. Greater care is needed in dealing with the mind in all conditions, but especially the mental impressions in childhood should be jealously safeguarded, for then the mind is at its most impressionable state. Yet at this very stage it is subject to such influences as come from ignorant parents, incapable [1] teachers, worthless governesses, and

[1] The teachers are capable enough in their knowledge of the subjects of instruction, but not always in their under-

evil companions. None of us wholly escapes the baneful influences, and that we are not all miserable psychasthenics shows that when God made the human mind, and looked upon His work, behold, it was very good.

Some of the Symptoms

In the psychopathic cases a very common and relatively mild symptom is the impairment of the power of concentration. Normally the mind should be as subject to the will as the hand. At times we all find that the will does not control, and the mind rushes off where it will. If the mind is absorbed with a big affair, it refuses to dwell long upon any other subject. The mother of a very sick child finds great difficulty in reading a poem of Browning's. But in the extreme cases, the sufferer cannot keep the mind on anything save his own woes. He cannot read even an exciting novel, he cannot listen, he cannot think, he cannot pray. The mind has broken loose from control and runs whithersoever it will. And under these condi-

standing of the child. For that matter very few people are experts in the psychology of the child.

tions it seems to go any way but the right way.

Again, these sufferers are sometimes the victims of compulsive ideas. The deeds done under this internal constraint seem as foolish to them as to their neighbors, and yet, struggle as they will, they cannot resist the compelling idea. They go back again and again to see that the door is locked, or that the gas is turned off. They pick up every scrap from the floor or street, lest it might be a match or a banana-peel. They wash their hands more industriously than Pilate and Lady Macbeth combined, and yet if they touch certain objects, they go and wash again—usually secretly,[1] for they like the cruel gibes of their neighbors a bit less than other people; they are always sensitive and they have been the butt of much ridicule, a

[1] Some friends temporarily residing in a New York hotel have told me of a lady who requires her waiter to bring a basin of hot water and in her presence wash every plate, cup, saucer, knife, fork and spoon which she will use in connection with her meals. The other diners look upon her as a consummate crank. The chances are, however, that the real cause of her extraordinary actions is a psychic disturbance. In her case there is nothing secret about the actions resulting from the compulsive ideas, though she probably could not tell the true ground of her actions.

treatment by the way that never does good and often does harm. Laugh *with* them if you can get the chance, but never laugh *at* them.

The most common symptom in psychasthenia is the presence of *phobias*. *Phobia* is nothing but the Greek word for *fear*. A phobia, however, is a fear under conditions in which there is either no danger at all, or it is so infinitesimal as to be negligible. Thus a person may be in mortal terror in traversing an open place, but will be completely at ease if there is a wall or fence hard by. Another is absolutely normal when there is abundant elbow room, but falls into a panic in a narrow place. Some people cannot ride in the subway, but do not mind a trolley; they loathe express trains with their long continuous runs, but love the accommodation, and the oftener it stops the better they are pleased. Some people will ride in a fast train or speeding automobile without a qualm, but shudder with horror at the ferry boat. Some persons do not mind a hurricane or blizzard, but are undone with terror in a thunder shower. There are people who are at ease if singing

alone, but who are fairly paralyzed when facing an audience.[1]

Nearly all of us are afraid of disease. If it is not conscience, what does make such cowards of us all? Look at the extreme panic last summer in view of a comparatively few cases of infantile paralysis; look at the demand for the introduction of individual cups in the Holy Communion. Or, better still, look into your own heart. But in the true pathological cases, there is a constant dread of disease, and the life is given up largely to prophylactic measures. I knew a person whose fear of infectious disease was so pronounced that she could not shake hands with me at the church door after I had greeted a number of other people. Let a person's heart palpitate a bit from walking too fast up a hill, and he is in terror lest he drop dead some day. A branch of this phobia is the dread of being

[1] Stage fright is very common off the stage. It is the true explanation of the disquiet in all cases where people are ill affected by the presence of other people. Sometimes one person suffices for an audience. I had a case of a man who could scarcely write his name if anybody were watching him. Many golfers find great difficulty at the first tee, where there is apt to be a gallery. Stammering is essentially a species of stage fright.

alone, an affliction which limits the activity and impairs the usefulness and wrecks the happiness of more people than we realize.

I have by no means exhausted the symptoms seen in psychopathic disorders, but I have described enough to make it evident that the real cause of the trouble in every case is fear. Back of the feeble concentration, back of the compelling ideas, back of loss of memory, back of all obsessions, and back of and in all phobias, is groundless fear. The wretched victims of these maladies know very well that "he that hath fear hath torment." St. John says that "perfect love casteth out fear." In the pathological cases, perfect faith will go much further. In all of these disorders we discover a singular lack of confidence. If physicians enjoy better health than others, it is not due so much to their medical knowledge as to their lack of fear. Their body and their brain remain whole because familiarity with disease has bred contempt. The less our fear and the more abundant our faith, the sounder will be our health of body and mind.

But suppose fear has crept upon us insidi-

ously and our faith is weakened, and we have reached a pathological state, how is the fear to be destroyed and the faith built up?

Suggestion

In all of these functional disorders, especially those in which the body is affected, cures have been wrought in all ages by a thousand different agencies. The primitive medicine man, the sorcerer, the herb doctor, the vendor of patent medicines, osteopathy, medical science, prayer, anointing with oil, New Thought, Christian Science, all the cults of faith and mental healing, have genuine testimonials of real cures.[1] From this fact it would seem as if relief were very easy, and so it is sometimes, if one hits on a lucky device, but often the finding of the effective cure taxes one's brain and heart to the utmost.

[1] The disease cured is, however, not always what the healers claim, for they fail to discriminate between the functional and organic disorders. They claim to heal organic disease, even broken bones, but there is vast room for skepticism in regard to the diagnosis. I could easily claim to have cured heart disease, and could have seemingly good testimony to the gravity of the condition, and to the reality of the cure. What I actually cured was the fear of heart disease, and the removal of the fear resulted in the normal functioning of the heart.

Still it is true that a thousand and one remedies have proved effective. But they do not represent a thousand and one healing elements; we can leave off the thousand and they reduce to just one single therapeutic agent and that is known to-day as suggestion. There are a thousand indirect ways of using suggestion, besides the direct way, and so we make our balance sheet correct. The direct way, however, is ordinarily the best way.

I wish there were some clear, simple terms by which we could define suggestion, but the thing is so comprehensive that it is better to approach the subject by an inductive method. We will see suggestion at work in a few forms, and thus will perceive best what it is. Incidentally we shall thus learn something of its application.

A woman was under treatment for alcoholism. I hypnotized her, and, among the many things said, told her that henceforth alcohol would act upon her as a quick and powerful emetic. A full year afterwards she drank a glass of sherry, and at once became miserably sick. Here we

see two effects of suggestion. In the first place the hypnosis was induced by suggestion. The subject fell into that state because she was told she would. We notice this suggestion took effect, or at least the effect began, while the subject was in the normal waking state. The other suggestion enters the mind of the patient while she is asleep. To discourage the use of alcohol the idea was impressed upon her mind that intoxicating beverages would disagree with her, and this idea evidently took tenacious hold.

It is expedient to digress for a moment to say that this case is cited to illustrate what suggestion is, not to indicate the correct treatment for inebriety. To most drunkards we could relevantly quote a line from a Psalm, "Whereas thou hatest to be reformed"; but those who want to give up drink and have tried—and many of them have tried so hard—have lost faith in the existence of forces strong enough to cope with certain human weaknesses. Above everything else they need repeated reassurance that God has endowed man with a strength adequate to conquer all evil desires. Suggestions

aiming to develop the moral energy are those upon which we rely most confidently.[1]

The nature of suggestion may be further illustrated by an example of a different kind. A man told me that he had suffered continuously for twelve days from severe headache. I took out my watch and said to him that we would represent a day by a minute and I then assured him positively that at the end of twelve minutes the pain would cease, an assurance that happily worked like magic. The headache was cured by suggestion given in the waking state. Parenthetically I may add that while I have relieved hundreds of headaches by suggestion, I never ventured to employ that particular method again, for such a procedure is pretty risky of one's reputation. Fertility in devising methods is a great asset to the suggestionist.

[1] Drunkards have often been reformed by the religious appeal alone, as may be seen by a visit to the Bowery Mission, or any similar institution working among the submerged; or by reading Begbie's *Twice Born Men.* They have often been cured by suggestion alone, as many physicians and experimental psychologists can testify. But it is well to emphasize a remark made to me by a young doctor engaged in psychotherapeutic work, that we had a great advantage over him in that we could make free use of the religious appeal.

Abundant illuminating illustrations of suggestion are found in daily life, in work or play. Let us take one from play. In a golf tournament I was drawn as partner for a two-ball mixed foursome by a lady with so decided a nervous temperament that she was easily put off her game. As I had been told of this condition, I watched every moment of the round for signs of trouble, and was alert to offer a word of encouragement and confidence when needed. The lady played so steadily that we were the victors, and apparently the cups we won were chiefly the fruit of suggestion. Further, it is probable that, in the efforts to steady my partner, I steadied myself.

In this fascinating and aggravating game we often notice the power of pernicious suggestion. At a certain course the first drive is over a pond some forty yards wide. Now, a carry of forty yards clear of the ground ought to be easy for a child, but I have seen a good player send eight successive balls into that little pond. The water makes a powerful suggestion for a topped shot, and many players accept the pernicious invitation. The various bunkers which plentifully

adorn most golf links serve as mental hazards as much as physical obstructions. Any player has discovered that if he makes a few bad drives from a particular tee he is likely always to slice or pull or top from that position. By auto-suggestion he has destroyed his confidence for that particular play.[1]

A suggestion may often be reinforced by employing a material agency. I have occasionally succeeded in relieving an obstinate headache by placing my hands upon the patient's head, after I had failed by verbal suggestion alone. The blisters produced by hypnotic suggestion [2] were due to the plaster or the contact with the stove combined with the verbal suggestion. A physician told me that he administered an innocent compound resembling morphia to patients who had been wont to go to sleep under the influence of that powerful drug; and the desired effect of sleep was produced by the substituted mixture

[1] In all games requiring personal skill the psychological element plays a large part. Matthewson's *Pitching in a Pinch* is interesting and illuminating to the student of psychology as well as to the lover of sports. It is pretty evident that in all games of skill players would find their ability increased by the use of suggestion.

[2] See p. 74.

as well as by the morphia though the mixture contained no sleep-producing drug. This fact explains the many wonderful cures by patent medicines, and possibly a great many from carefully compounded prescriptions. It makes quite intelligible the real reason why the apostolic habit of anointing the sick with consecrated oil is often followed by marked improvement or complete recovery. Even though it is a bit anticipatory, we may see clearly now that the handkerchief carried from St. Paul's body to the sick (Acts 19:2) might easily have conveyed healing suggestions. The same method has been pursued by various mountebanks, and sometimes I believe with surprising results.

A. Suggestion and the Healing of Jesus

Dare we now intimate that we have found the key to the wonderful cures wrought by our Lord and by his disciples? Is it possible that they relieved pain, not by a power to work miracles, but by the application of a universal psychological law? If we may not make a positive affirmation, we may say that the methods of Jesus are those of a past master in the art

of suggestion; and we have seen that his disciples followed his methods very closely. There is scarcely a cure in the Bible records which offers the slightest difficulty to the student well acquainted with the principles of suggestion. A study of one or two of these cases will make the matter clear.

We will begin with the lame man at "the door of the temple called Beautiful" (Acts 3: 1-10). St. Peter starts by "fastening his eyes upon" the cripple. The first step is to study the patient to see whether he is a promising subject, whether there is a germ of faith that may be kindled into activity, and to determine the wisest point of approach, a matter of no small importance in psychotherapy. The apostle takes the second step by giving a command to the patient, "Look on us," the object of which is to fix his attention and raise his expectation. The cripple looked up and his hope was aroused, but it was aiming in the wrong direction, and therefore the third step was to disabuse the sufferer's mind of any idea of material aid; and so St. Peter said, "Silver and gold have I none." The fourth step is to assure

the cripple that the apostle is not playing with him, but has some real help to offer; therefore he adds, "But what I have that give I thee." Then the stage has been reached when a therapeutic idea may be put in the patient's mind, to which end the apostle says emphatically, "In the name of Jesus Christ of Nazareth, walk." The poor cripple must have been astonished at a command to do what he had never been able to do in his life. He had presumably heard of the sick healed by Jesus and by his disciples, and the terse and vigorous command evidently made its intended impression on his mind; but the influence did not reach his feet, for he lay there as helpless as ever. Finally St. Peter shows his own undaunted faith in the power of his Lord, and makes the supreme effort to communicate his faith to his subject; he takes him by the right hand and gently but insistently raises him to his feet, and the ankles at last are persuaded to perform their office; the erstwhile cripple discovers that he can stand alone, and like a child who has taken the first unaided steps he displays his newly won physical power by walking and leap-

ing, and he displays his newly won spiritual power by offering praise to God.

We can see the possibility of the same principle in operation in any instance of healing by our Lord. He commands the invalids to do the thing they have been unable to do, and often reënforces his word by a manual act. Sometimes he employs the manual act alone; and note that suggestion may operate perfectly well without words, as long as the subject knows what to expect. The water in the pond is unable to speak, but its purpose is to affect the player's mind, and very often it does. Silent suggestion is not a good method, at least not the best, though it is practiced I believe in some healing cults regularly, and it may be quite effective.

The man born blind offers a good case to study in connection with the subject of suggestion. To the disciples' question about the relation of the blindness to sin, our Lord's reply tends to stir the interest and faith of the sufferer: "Neither did this man sin nor his parents"—that he was born blind; "but that the works of God should be made manifest in

him. We must work the works of Him that sent me"—while there is yet time. Why Jesus uses no direct therapeutic suggestion, it is impossible to tell; in healing it is necessary to study every temperament, and select the means best suited to it. It is certain that congenital blindness is a grave matter,[1] and we notice that while our Lord uses only what we may call indirect suggestion, he takes unusual pains and goes to unaccustomed length in the means he does employ, putting ointment on the blind eyes and bidding him go wash in the pool of Siloam. The waters of this pool were reputed to have curative powers, at least for digestive disorders, but apart from that it is easy to see that Calvin may have been right in explaining the measures taken by our Lord as aiming at a psychological effect. The anointing and the washing do furnish an effective vehicle for suggestion, and the time consumed offers abundant opportunity for the idea of healing to work its way into the deepest recesses of the mind.

In mentioning suggestion as the possibly es-

[1] Naturally we have no information whatever as to the organic condition of the sufferer's eyes.

sential element in our Lord's healing, naturally I do not seek to detract from his unique personality or to question his superhuman knowledge and power. I am rather concerned to explain the confidence with which he assured his crude disciples that they could heal the sick as well as he. It is, however, a conclusion not unwelcome to many earnest followers of Christ that he accomplished marvelous results by appeal to the universally operative laws of the human mind, laws ordained by a wise Creator for beneficent ends, and laws which are at the service of all men in all ages.

B. Cures by Suggestion

However we may look at that, we have presumably reached the point where we can see that suggestion is an attempt to implant an idea in the human mind in order to produce a certain desired effect. The suggestion may be conveyed by words, directly or by implication, or in a thousand other ways. These suggestions often take hold of the mind and exercise a tremendous influence for good or for evil. Every day we offer countless suggestions to our neigh-

bors and receive many in return. We may do good or do harm, and we may receive good or receive harm. It seems quite worth our while to try to understand this mysterious force, and endeavor to exert upon others only a beneficent force, and to keep our own hearts open to light and shut against darkness.

There are many therapeutic systems which scorn suggestion, and yet it is easy to explain every one of their cures by this subtle agency. The physician writes a prescription and assures the patient that the remedy will relieve the ailment. Apart from the specific action of the drug on the body, the mere taking of the medicine and the doctor's assurance may exert a most wholesome and urgently needed influence upon the mind. Even if no convincing words accompany the medicine, the drug itself, prescribed by a learned physician in whom the patient has great faith, suffices to convey a strong suggestion.

The Christian Scientist loves to heap contempt upon suggestion. But when the devotees of that cult assert that there is no such thing as disease, they are using suggestion very ef-

fectively, albeit a bit blindly; when they have their sittings, readings, and demonstrations, they are merely revealing the variety of ways in which suggestions can be administered; when they invite those who have been cured to tell their story in public meetings or in their periodicals, they are unwittingly driving suggestions into the minds of other sufferers. In the same way the testimonials on the circular in which the patent medicine is wrapped have far more therapeutic value than the drug itself.

C. Suggestion and Absent Treatment

Whatever success is attained in the use of absent treatment may certainly be attributed to suggestion. Those who believe in this method and practice it and have seen stupendous results from it are hardly to be convinced, but at the present state of our knowledge no other explanation is scientifically admissible; in any case no other is ordinarily necessary. It all depends upon the truth about telepathy. That field has been industriously studied and some amazing coincidences, if that is the right explanation, are on record; but I have never been

able to get hold of any convincing evidence that one mind can influence another, that other being absent and unaware of the effort. It is quite conceivable that I might assure a good night's sleep to a large audience, the people being present and hearing my words; but suppose I were more ambitious than that and set my will to bring peaceful repose to every indifferent sleeper in this great city, is it possible that my big and noble desire could be so conveyed to their minds, utterly unconscious of my efforts, that the willed result will follow? If such a telepathic influence is demonstrable, then absent treatment is scientific; otherwise it savors of quackery, and approaches close to fraud.

Nevertheless I do not doubt the claimed good results, given the essential condition that the subject shall be aware of the efforts on his behalf. So far as I know this is the uniform condition whenever absent treatment is effective, and that condition makes suggestion the only scientific explanation. It is worth while to see how it works.

Suppose a person goes to a healer to be cured of insomnia. He tells the patient that he is to

be in bed every night at ten o'clock, and that at precisely that hour the distant healer will be exerting a somnolent influence upon him and will keep it up until he is sound asleep. We may perhaps equip our patient with a reasonable amount of credulity, not difficult if it is true that you can fool all the people some of the time; for our problem only requires us to fool one of the people for some of the time. The insomniac is in bed. Sleep is slow in coming, but he knows, or at any rate believes, that the faithful and patient demonstrator is busy at the other end of the immaterial wire, and is comforted. By and by, he falls asleep. Then is not the effectiveness of absent treatment proved? Yes, its effectiveness, but not its conformity to sincerity and truth; for the sleep is obviously produced by suggestion, and the result would be just as certain, the other conditions being the same, if the demonstrator were at the agreed hour having a quiet game of bridge, or were whirling in a dance, or himself had yielded to nature's force and were already sound asleep. The patient lies in his bed with the expectation that he will be put to sleep, and the expectation

brings the desired result without any other agency whatsoever. Indeed, no person will ever suffer from insomnia as long as he can retire nightly with a deep-seated, but quite unconscious, expectation of sleep. For that expectation is nothing else than the required faith that God's kindly laws will operate. The aim of suggestion is attained when that expectation is sufficiently aroused.

An analogous case from my experience may be usefully described. A man wrote to me that he could not sleep more than three or four hours each night, and asked for help. I wrote a letter in reply at the end of which I assured him that his trouble could be relieved. The first night after reading the letter he slept for some seven hours, not because I was giving him absent treatment, but because I had raised an expectation of sleep.

It is right to say that the practitioners of absent treatment are entirely sincere, but they are quite in error as to the important relation between cause and effect. They need to learn that an effect which follows from a certain act is not necessarily caused by that act. I have

invariably declined all requests for absent treatment, because for me it would involve a departure from the truth, and I do not want to heal or to be healed by any means that departs even to the slightest degree from what we know to be true.

Appeal might be made to the example of our Lord, who, as we have seen,[1] employed absent treatment on three occasions. The appeal is vain, however, for in the recorded cases his methods were radically different from those employed by the absent-healers to-day. He did not engage to waft subtle influences through space, but assured those who sought his aid for the absent sufferers that their faith would accomplish the desired end. A large faith is certainly far reaching in its blessed influence.

D. Suggestion and Hypnotism

I have treated the subject of suggestion in such a way as to correct a rather common impression that suggestion is indissolubly bound up with hypnotism. The fact is that there is no more necessary connection between hypnotism

[1] See p. 21 f.

and suggestion than there is between the medicine and the bottle in which it is contained. The bottle is a simple and convenient receptacle for the medicine, and hypnotism is a simple and reasonably sure means for making suggestions that will be effective. Suggestions may be given in many different ways, but sometimes an impression can be made upon a person in the hypnotic state that cannot certainly be made in any other way. It is possible, as we have seen, to develop hay fever by suggestion given in hypnosis; to bring about that effect in the waking state might be possible, but it would require much time and peculiar conditions; and then the idea once inculcated in that way would be likely to adhere after the experiment were ended, a condition certainly not to be desired.

Nevertheless, so many people are afraid of hypnotism that its use is often impracticable. The fear is based on the conviction that a hypnotized person is entirely at the mercy of the operator. That conviction is not supported by facts, indeed is controverted by the facts. One who has tested the matter carefully asserts that it is impossible to induce a person in hypnosis

to do anything contrary to his moral nature, or even against certain prejudices.[1] It is easy to constrain a hypnotized person to do some stunts that are unusual; and it is easy to disclose mental and physical powers far transcending those available in the conscious state. But as an agency for suggestive therapeutics hypnotism has fallen below the great expectations raised by a limited knowledge of the phenomenon. Moreover, it has some obvious drawbacks. Comparatively few people can be deeply hypnotized, and a mild state does not yield the striking results; the induction of the state in difficult cases taxes one's time and patience to the utmost; and above all the subject so often does not carry out the suggestion urged upon him, though the thing suggested is what he desires above all things. What I mean may be illustrated by an example. A drunkard is hypnotized and told, for instance, that he will never drink alcoholic beverages again, and that as he leaves the operator's house he will ring the bell of the neighbor next door. The chances are very great that he will not fail to ring the bell, obeying a sugges-

[1] Bramwell, *Hypnotism*, p. 315 ff.

tion of mere experimental value; but the chances are also very considerable that he may take a glass of beer at the first saloon he comes across. There appears to be something mysterious in the suggestions which a person will obey and those he will not. An alcoholic I was treating asserted that he would be all right if he could keep out of saloons; that he entered them for an innocent purpose, and then got to drinking. It was a case giving us serious trouble and this statement offered a fresh opening. In hypnosis I suggested that he would never be able to enter a saloon again, of course much more earnestly ringing the changes on the interdiction of strong drink. Well, I stopped his entering saloons, but was unable to check the taking of beverages.

I often think that the best way to use therapeutic suggestion is by the conversational method such as Dubois habitually employs.[1] Invariably I place reliance upon this device, talking over the symptoms, giving advice, and watching every opportunity to strengthen the morale of the patient.[2] At the same time I find

[1] See his *Psychic Treatment of Nervous Disorders.*

[2] I once spent the night at the house of a lady who was

that much good can be done by making the suggestions or reviewing them while the patient is in a state of relaxation. When a person sits in a room with softened light, in an easy chair, with relaxed muscles, with the eyes closed, with peaceful and quieting ideas conveyed to the mind, the condition creates a mental state favorable for the absorption of good and wholesome ideas.

E. The Broad Field for Suggestion

It is worth while at least to call attention to the fact that suggestion offers us a valuable help in accomplishing the tasks and meeting the responsibilities of every-day life. There are few things we do without a pang of regret because we do not do them better; and the regret is deepened when we feel, as we often do, that we could do them better. That is, we are sometimes dimly conscious of a force in us which

far from well, and who spoke frequently during the evening of her poor sleep. At every such remark I dropped a hint intended to counteract her expectation of a bad night. The result was quite appreciable, as I learned in the morning that she had slept better than was her wont. Such helpful suggestions may be made by anybody.

we seem unable to reach, like an unavailable asset. In this appearance we are not misled. Hypnotism has revealed subconscious mental and physical assets far transcending those of the ordinary state. Suggestion cannot create ability any more than it can restore a decayed tooth or replace a lost lung. But it can bring into active being the talents one actually has; it can stimulate the energy of the mind, as well as of the digestive organs. Stated broadly, suggestion can improve the quality of anything we undertake to do.

By suggestion or auto-suggestion the hostess may be more completely at her best in entertaining her guests; the one who pleads with his friend to keep him in the straight way may put more power in his plea; the athlete may have his muscles more supple and more quickly responsive to his will; the reader may grasp more thoroughly the contents of the book he is perusing; the author may find his style at its highest level; the speaker may have his tongue unloosed so that the most telling phrases he knows will flow from his lips; the soldier may have his courage enhanced; the sinner who fights his

sin may discover a strength of the very existence of which he was unaware.

F. The Moral and Religious Forces

As I have said, some people, keen on the religious side, are apt to condemn suggestion; they do so because they cannot see what it has to do with moral or religious forces in healing. Evidently suggestion belongs to the domain of psychology rather than to that of ethics or religion. Well, suggestion is merely the name of a process for conveying ideas to the mind upon which the recipient is expected to act, and the ideas may be moral or wicked, religious or profane, healthy or morbid. The point is, though, that the moral and religious elements so important in healing may be made effective by a wise use of suggestion.

I have tried to show that all the functional disorders are due to a morbid idea operating upon the mind, and that the cure must come from the substitution of healthy ideas for the morbid; or, to put it in a better way, the sufferer has lost faith in the functioning of some part of his body or mind, and the cure will come

as soon as the faith is recovered. Suggestion is merely the psychological means to the moral end. As soon as the sufferer believes that his misery can be relieved, the cure is half accomplished. As soon as his faith is complete, his ailment disappears.

It is evident that a moral effect must be produced in order that the sick shall be whole, and obviously a moral effort, and sometimes a mighty moral effort, must be made. The use of religion, simply and sincerely, is a tremendous adjunct in bringing about the desired moral effect. To a person anxious about many things, the beautiful sayings of our Lord about God's providential rule of the world may make a strong appeal. The words of the Psalmist, God "giveth his beloved sleep," may at last close wakeful eyes in peaceful slumber. Stage fright in all its forms may yield to a sermon on the text, "He that loseth his life for my sake shall find it again." The one unable to subdue a bad habit takes new hope from the story of the power which may come to one who realizes the force of St. Paul's words, "My grace is sufficient for thee." In divers ways the great

moral and religious appeal, which may be made by suggestion, has enormous therapeutic force.

Suggestion is not the only arrow in the quiver, however; certain other agencies may be found useful, and these I shall discuss in the next chapter.

CHAPTER IV

Psychotherapy in Organic Disease

WE have seen that there is some evidence to support the view that the mind can affect the organic condition of the body.[1] In so far as this is true there is encouragement to employ the moral and spiritual forces in organic as well as in functional disease.

But such forces should never be employed to the exclusion of material agencies which usually are imperatively needed. A simple and wise rule for any clergyman who ministers to the sick is in every case to call in the doctor as the first step. He is the one most competent to make a trustworthy diagnosis. He may be, sometimes is, wrong; but he is more likely to be right than an untrained and inexperienced layman. It is an invariable rule with all who profess allegiance to the Emmanuel Movement

[1] Page 73 ff.

never to give treatment without the advice and sanction of a physician. We work with and under the members of the medical profession, never against them. Some physicians will have nothing to do with our work, but there are plenty—and they are among the most eminent—who will gladly give us countenance and co-operation. A distinguished physician said that when he discovered a patient who needed religious treatment, he preferred to send him to an expert in religion, though he was himself a devout Christian. In accord with this principle we send all applicants to an expert in pathology to learn the nature of the trouble and to apportion, if need be, the medical and the mental treatment.

Even in psychopathic cases there is often a physical condition that requires expert medical attention.[1] The treatment of those maladies is difficult enough without carrying the handicap of an enfeebled body. To get the mind to work-

[1] A doctor was led to endorse the Healing Mission at St. Mark's because a woman who had come to us for supposed nervous trouble was found by the required medical examination to have a slight organic affection. This was successfully treated by the physician, and a complete recovery was the result.

ing right is easier, if there is a sound and vigorous physical condition as a basis.

On the other hand it frequently happens that in pronounced organic disease there is a disturbed mental state, and such a state makes a grave handicap for the doctor in his work. As the mind needs a sound body as its abiding place, so the body needs a normal mental state for its welfare. Here is an inviting and important field.

The priest who visits the ordinary sick may well look into the psychic state of each patient, to ascertain whether he is calm and cheerful and hopeful; and if he is not, then there is work surely befitting the priest's office. If he can bring about the desired serenity of mind, he will be a powerful and welcome aid to the doctor and the nurse. A person in a cheerful state of mind will respond to medical treatment much better than one who is anxious and troubled and despondent.

It often happens that the psychotherapeutist can be of enormous service in surgical cases. Very many people are frightened at the prospect of the ether and the knife. Sometimes

they have an uncanny fear of the loss of consciousness, or they dread the probable struggles resulting from etherization; they are unhappily affected by tales from the operating room. Surgery used to be the last resort, so that grave danger was associated with it, and people retain the old fear even when conditions are changed.

Now a person in a state of fear is in no condition for a surgical operation. The fear adds tremendously to the nervous shock, and may even create an element of danger. Unless the fear is eliminated, it is certain that the inevitably bad effects of the operation will be increased, and convalescence will be retarded. The wise surgeon will always examine the patient's mind as well as his heart before ether is administered. I remember well a lady who so dreaded a necessary operation that the surgeon was unwilling to proceed until the fear had been removed. Fortunately that proved an easy matter and prepared the way for a successful operation and a quick recovery. I have seen a case in which the fear was so great that the sufferer refused to submit to surgical interference that was deemed vital. Fortunately the offices

of the clergyman who was called in overcame the opposition, and a useful life was saved. In these cases psychotherapy was the means employed to overcome the fear; but a simple religious influence will sometimes suffice. A woman asked for a special celebration of the Holy Communion before going to the hospital for a considerable operation. It is true that there was no marked antecedent dread; yet she craved the support of her religion, and with that given she went to the table with such splendid faith that the case was a happy one all the way through.

The Therapeutic Value of Prayer

An agent that may be beneficially used in all kinds of sickness is prayer. This is the ready weapon of the priest and should be at the service of every person who believes in a God. I am sure it would be most helpful if there could be a revival of the conditions urged by St. James: "Is any among you sick? let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: and the prayer of faith shall save

him that is sick, and the Lord shall raise him up" (Jas. 5:14 ff.). We may note that while the apostle mentions anointing with oil, it is to the prayer that he attributes the cures. But it is the prayer of faith, that is, the prayer that springs from a deep belief in the power and love of God, the faith that God can and will stretch out his healing hand to the sick.

Christian people have too generally lost faith in the therapeutic efficacy of prayer. This loss is due to two facts: first, that they had come to rely exclusively on material agencies; materialism has deeply influenced the whole human race; second, the prayer was usually sought only when it appeared that all other agencies had failed. It became difficult to pray for a sick person because prayer was an intimation that his end was near.[1] To offer the prayer for a sick person in church was taken to

[1] Any pastor's experience will afford abundant illustrations. I once visited a parishioner who had tuberculosis and was marked for death. At the time he was still up and about, though he was aware of his serious condition. I asked him if he would like me to offer a prayer on his behalf. He replied, "No, doctor, the time hasn't come for that yet." I have no doubt that to many good Christian people it would appear ridiculous to pray for a moderate ailment, say for a slight cold.

mean that some one was dying, whereas it should indicate that some one hoped to live.

The realization of the great effects which may surely be produced by moral and religious forces ought to restore our faith in prayer. And prayer is a remedy that any one may use without risk, and God can be reached from any place and at any time. Frequently in emergencies it is difficult to get a doctor promptly, and sometimes the wisest of them is doubtful as to what remedies to apply. Psychotherapy is a science and its use requires knowledge and experience. But any person may invoke the aid of God in prayer.

It is true that prayer is unwelcome and sometimes even offensive to the sick. Perhaps it would be less so if we could inspire them with a little faith, and if we limited our prayers to the sufferer's obvious needs. If any prayer should be to the point, it is the prayer for the sick.[1]

[1] The prayer of our church is very faulty on this account. There are one hundred and twenty-three words in the prayer of which eleven are given to petitions for health. But the serious evil is the last paragraph, asking that if the sufferer dies he may have everlasting life. That is, we pray that God will either heal the sick person or take him to heaven, a prayer suitable only for a very sinful subject, or for one

The petitions that God would quicken the healing forces which are struggling in every person suffering from disease, that He would bless and prosper every device of man used in the fight for health, are the vital things.

Before we can bring prayer to its right place, we need to make sure that we are not encumbered by any doubtful theology. We must rid ourselves of the notion that sickness is a punishment for sin. Even if it is sometimes a consequence of sin, it does not follow that it is a punishment sent of God. The disciples of our Lord held the widely prevalent view, as they showed in their question: "Who sinned, this man, or his parents, that he should be born blind?" (Jn. 9:2.) They never dreamed of doubting that the blindness was the result of sin; but there was an interesting point unsettled, whether the blind man was paying the penalty

in extremis. The idea of death is not a good suggestion to one whose vitality is impaired. I am convinced that the prayer for everlasting life, so far as the sick are concerned, should come when this life is ended; hence I do not hesitate to avow my belief in prayers for the dead. It is gratifying to note a proposal in the General Convention to amend the offices for the sick. Some radical changes are much to be desired.

for his parents' sin, or whether his affliction was an anticipatory punishment for sins he would commit himself. Our Lord's emphatic reply should have settled the matter forever: "Neither did this man sin, nor his parents; but that the works of God should be made manifest in him." (*Ibid.*, v. 3). Similarly of the paralyzed woman our Lord said Satan, not God, has bound her for eighteen years (Lu. 13:16). If we believed sickness to be a punishment for sin sent from God, then we would hardly dare use any remedial measures at all, lest we might be working against God. But if we see in all disease the working of evil forces, against which all the powers of heaven are arraigned, then in every sick person we find a fit subject for the manifestation of the works of God, and we shall work and pray for recovery.

Psychoanalysis

Experience will soon teach the one who essays to join in the relief of the world's pain the extreme difficulty of the task. Sometimes indeed what appears to be a chronic and obstinate disorder will yield at the first touch, no matter

what the line of approach; and sometimes it is necessary to work hard and long and persistently. In the stubborn cases the would-be healer will need all of his resources, and then may seem to lack the vital thing. There is one more arrow in the healer's quiver, and if it is judiciously and skillfully employed, it will relieve misery sometimes when all other methods fail. This remaining resource is called psychoanalysis, and a study of that branch of our science may well now engage our attention.

Psychoanalysis means, of course, the analysis of the mind, and its aim is to ascertain the origin of the peculiar mental forces at work in any given case. We do a great many acts from motives of which we are quite unconscious, and yet every act must have some constraining mental impulse back of it. In ordinary life it may often not be important to know what that compelling force is. And yet I think that our conduct would be much more satisfactory from an ethical standpoint if we knew more about the motives from which we act. However alluring a field the ethical aspect of psychoanalysis may offer, I must turn away from it, because the

pathological cases are more than sufficient to occupy all the time at my disposal.

Psychoanalysis is useful sometimes in treating all kinds of functional disorders, whether the effect of the disturbance is in the mind or in the body.[1] But it has its chief interest and importance in the psychopathic cases, where there is a peculiar mental twist, where the patient acts from motives he does not understand, where he does things that seem to him irrational, where his good sense fails to control his action. The aim of psychoanalysis is to discover what the constraining force actually is and whence it came.

A. Fear of Thunder Storms

We shall get the light most effectively by a study of a specific manifestation of mental trouble. Let us take *brontephobia,* the fear of thunder storms. I choose this partly because the phobia is so widespread. In a mild way a very large percentage of the human race are nervous

[1] I have frequently cured habit pains merely by explaining their true character. Such pains at the start have a physical origin, but become fixed by mental association.

in a thunder shower.[1] We may be able to deny that we are actually frightened, but we do not like the tumult, and are relieved when it is over. If that were all, I should not take this fear as an illustration; but it is not all, for there are some people to whom a thunder shower brings an agony of fear and pain so great that the whole summer is a period of dread.

What causes that fear? The answer seems to be easy. A thunder storm is an awesome spectacle. There is the preparatory period of still, sultry heat; there are the dense black clouds piling up rapidly in the west; there are the preliminary gusts of wind, followed by the howling gale; there are the fearful-looking flashes of lightning, and the low rumble followed by the crashing peals of thunder; there is the rapid advance of the storm, so that one must often run with all speed for shelter; and there is the fact that lightning is a deadly force where it strikes. In other words, there is much appearance of danger and there is danger, and

[1] Henderson, in his *Cruise of the Tomas Barrera,* speaks frequently of the fear caused by the fierce thunder storms experienced along the coast of Cuba.

that would seem adequate to account for the fear.

A closer examination, however, must raise doubts as to this solution of the problem. In the city of New York there are five million people. Every summer a considerable number of thunder storms sweep over the city. Yet it is rare that a person is killed or any other damage done. On the other hand there are several hundred people killed and injured every year in the streets of that city. It is much more dangerous to walk the streets than it is to sit out the wildest thunder storm; and yet we are not afraid to walk the streets.[1] Evidently we must go further to explain this sense of danger, for the real peril is so infinitesimal that it must be neglected.

In the search for causes we must distinguish the ordinary mild dread from the intense morbid terror. In the former condition the sense of danger is commonly due to the fact, to put it advisedly in the first person, that as children we were often forced to rush for shelter, and given

[1] There are people with a morbid fear of crossing the streets; indeed there is scarcely any condition of life with which a phobia may not be associated.

the impression we were fleeing from some grave peril. While nature was in an angry mood we were regaled with tales of buildings being struck, and of animals and people being killed. Pernicious ideas put into the mind of a child bear their evil fruit for many a long day afterwards.

In the severe cases the task is not so simple, for a fully developed phobia will hardly arise from mere suggestion. The first thing is to find exactly what the sufferer fears, and when we do this we are likely to meet with a surprise, for in my experience the fear of being killed by lightning is not the real trouble at all. In two cases that were exhaustively worked out, by pressing my questions to learn what the real object of fear was, I found that in one it was the heat and in the other the noise. This discovery was the first stage in psychoanalysis, and the sufferers were more surprised at the results than I was; for I had often found that the apparent object of fear is not the real one. By association a substitution may take place. The real cause of fear is hidden, and another and more plausible one is put in its place. It is

recognized as reasonable to be afraid of thunder and lightning, because it is so common, but to be terrified by noise is deemed worthy only of a Chinaman; and to be afraid of ordinary heat would put one beyond the pale of reason. So the mind represses the real object, and introduces an acceptable one in its place.

Attention must be called to a fact of no small importance, considering that the ultimate aim of our work is the elimination of the fear. In both of these cases, the moment the discovery of the true object of the terror was made there was a sense of relief. So we find another illustration of the wide application of a wonderful saying of Jesus: "Ye shall know the truth, and the truth shall make you free" (Jn. 8:32). But psychoanalysis must go further and reveal the origin of the fear of heat in the one case and of noise in the other.

The patients were put into the relaxed state already described and then asked to let the mind quietly muse on the subject which caused the trouble. They were assured that this fear had a definite cause and origin and that by mental association they would remember the occa-

sion when the mischief was done. I will relate briefly the stories, piecing together what was revealed in fragments and hints at different times.

One patient was the daughter of an army officer. When she was a small child, sensitive, timid and nervous, she was fairly dragged to the front for a noisy demonstration at an army post on the Fourth of July. The roar of the cannon terrorized her, but, like the brave child of a fearless father, she must stand her ground. As she grew older familiarity with big guns bred the usual contempt, but it was far otherwise with the unconsciously substituted roar of the thunder.

The other fear also originated in childhood, indeed such fears always do. The little girl went out with her nurse on a boiling hot summer day, and in the course of their wanderings they reached a point close to a railway embankment. A train came along, and there was an accident, the details of which the child evidently never knew. The nurse was badly frightened, and she hurried her charge home with all the speed of which they were capable.

Now in this rush for home the child herself suffered severely from the heat; that was the one evil of which she was aware; but her mind had been filled with an impression of tragedy. It is not surprising that heat and danger became morbidly associated in her mind, and that was the first step toward a phobia. Then on another torrid day, while she was feeling the suffocation from the sultry heat, a severe thunder storm suddenly broke loose, and a complete substitution was effected. The early fear of tragedy had been first transferred to heat, and the irrational fear of heat was now transferred to the thunder storm.

In both of these cases the completion of the analysis was at once followed by full and final relief from the fear. Theoretically that result should always follow, but practically we find that it does not. It may be that our analysis is faulty, for we often have to follow many misleading trails, and go back and start all over again before we get on the right road. Perhaps we fail because we do not reach the right trail at all; we think we have, but we may be mistaken.

B. Comprehension of Phobias

The analysis of cases like these enables us to comprehend some human conditions which otherwise are a mystery. In itself, for instance, it is incredible that a grown man should be afraid of the dark, and yet that is sometimes the case. But it is not really the dark he fears, for the darkness is only the result of an association. Down in the subconscious there is a memory of a terrible experience of early life. In some way, presumably because the thing happened at night, the darkness was seized upon and remains the only consciously known object of fear. Of course, the people who have this fear insist that the darkness does involve certain dangers, but this is merely the inevitable device for justification; for no one wants to appear ridiculous. The plea does not hold, though, for I have seen a person who was as much afraid of bright sunlight as his neighbor of the gloom of night. Therefore it appears that while we might smile scornfully at the grown man's fear of the dark, the smile fades away the moment we understand that

there is something very real at the bottom of the matter. It is analogous to the woman who bursts into sobs whenever she opens a certain drawer; for there lie the tiny shoes worn once by the child who then prattled by her side. It is absurd to weep over a pair of shoes; true, but the bereaved mother does not really weep because of the shoes, but for the child who once wore them.

This discipline makes apparent the innocence of what otherwise might be regarded as dangerous hallucinations. For example a woman frequently saw figures, especially of black men, when sitting in the twilight. In a way she knew these figures were imaginary, but they seemed real and terrible none the less. The mind projected the figure before the eye, just as in dreams, but we now know there must have been some painful experience to cause the mind to play such tricks. And it was easy to find that there was something underneath. Analysis brought out the story of a nurse who would put the child to bed, and to insure her own undisturbed evening, assured the child as she lowered the window from the top, that if she made

any noise a black goblin would come in. The impression was so deep that she had been seeing black goblins all her life.

The cases I have described will serve to show what psychoanalysis is and what it may achieve. It will be evident too that we have an important by-product, the importance of protecting children's minds from impressions that may do inconceivable harm, from influences which in later life may develop serious psychopathic disorders. For it is not too broad a generalization to say that all phobias, obsessions, and compulsive ideas are primarily due to a mental shock received in the plastic stage of childhood. We are wont to laugh at children's fears, or ignorantly to humor them. It is plain that we ought to study them, get to the very bottom of them, and relieve them.

C. Sleep Walking and Dreams

Psychoanalysis enables us to understand many phenomena of human life, even of common events in every-day life; and, further, it makes it plain that we act from a definite purpose even when our course seems clearly to be

perfectly aimless. Take somnambulism, a condition in which a person displays powers otherwise impossible, such as walking through a pitch-dark room without colliding with the furniture, or traversing narrow ledges where a person in a normal state would be likely to fall. Now the person who walks in his sleep always goes on a definite quest. He is not rambling around blindly, but he is seeking something that is perfectly clear in his own mind. His actions are quite as purposeful as those of one who wakes from the cold and gets up to procure more covers. By the application of mental analysis, it is possible to ascertain what the purpose is, and we usually find that he invariably sets out on the quest for the same thing. The sleeper may walk many nights and he may travel in many directions, but his object is always the same. In a case I worked out a boy who was a sleep walker, always began with a dream that he had fallen, and then actually arose from bed and started off to secure aid and comfort.

The results of psychoanalysis receive emphatic justification from experiments that have

been made by hypnotists. Suppose we have a good subject in a deep state of hypnosis, and tell him that at exactly twelve o'clock at night he will awaken, get up and dress, and go to a certain street and number, open the door and with his handkerchief carefully clean the inside of the door knob; we further tell him that consciously he will not remember the command that has been given to him. We put ourselves in a position to see the suggestion carried out —and it is easy with a good subject to get such a suggestion carried out—and as the action is completed, we ask the now wide awake and conscious subject the reason for his absurd deed. It is certain that he will not have the remotest idea of the true compelling force which has led to the strange act, and, as in the morbid fears I have explained, will proceed to invent the most plausible reason that he can think of. I take this hypothetical case rather than similar ones that have actually occurred, because the action is substantially what a psychasthenic actually did under the influence of a compulsive idea originating in his own mind. Many people have been, so to speak, hypnotized and exe-

cute all their lives the mischievous suggestions which in one way and another have taken root in the mind.

I have spoken of the common way of searching for the *trauma,* the forgotten shock which started a psychic disturbance. Of late years a good deal of emphasis has been laid upon another method of reaching the secret impulses, that is by the interpretation of dreams. Most people laugh at the idea that dreams have any significance, and indeed they do seem to be wholly fanciful and meaningless. Yet a careful study does tend to establish the conclusion that every dream has a definite meaning, and a meaning the knowledge of which may be of great importance to the dreamer. It is interesting certainly to see that a modern science is taking us back to the contention of primitive man to whom the dream was full of significance. In the Bible there are very many stories in which the dream figures, and in every case there is the belief that the dream is the means by which God reveals his purpose to the dreamer. The modern psychoanalyst insists no less stoutly that the dream is a revelation, not,

however, of something external to the dreamer, but of forces at work within his own brain. The ancients recognized the difficulty of interpretation, and the moderns must agree with their conclusion. This difficulty stands in the way of one who would use the dream as a source of information; nevertheless our dreams probably do reveal some of the profoundest secrets of the mind, or rather will, if we are able to understand them correctly.

The greatest contribution to the subject of dreams has been made by Freud,[1] but it is to be feared that he has solved the riddle too easily, or at all events has told only half the story. His conclusion is that every dream represents the fulfillment of a wish. Frequently that seems to be the case.[2] We realize in a dream, often in a highly symbolized form, the unattained aspirations of waking life. We may easily see the analogy in the similar phenomenon of the day dream. In a deep reverie the mind paints many pictures, and yet a study of our musing will often show that we are at-

[1] *Interpretation of Dreams,* translated by Brill.

[2] Somnambulism, as we have seen, shows the wish motive.

taining certain intense longings; the poor man reaches wealth, the obscure but ambitious man fame, and the sick man health.

On the other hand, in the day dream the wandering mind often carries us to conditions we dread, and so, I am convinced, does the sleeping dream. Fear as well as desire may be the motive of the dream, and my studies have led me to believe that fear is by far the most important motive, even though it be less common. At all events I am sure that fear is the underlying force which occasions nightmares, and the nightmare discloses a mental state that requires prompt and careful attention. A person suffering the agonies of the nightmare is not indulging in a wild flight of a morbid imagination, nor is he paying the dire penalty of a heavy meal, but is living over again some terrifying experience of waking life. The same sort of shocks which we have seen to be responsible for the development of psychopathic diseases will produce nightmares. A person who had never been frightened could never be the victim of a phobia, and could never have a nightmare. And the nightmare is important

because it shows that the shock is still a living force in the subconscious mind, and if it has not yet wrought mischief, is ready to do so as occasion may arise.

D. The Sexual Element

This whole subject of psychoanalysis is in danger of disrepute because of a contention in regard to which I must say a word of caution. The scientific world owes a considerable debt to Sigmund Freud for his discoveries in abnormal psychology, but we must be on our guard against the too eager acceptance of his fundamental hypothesis. For Freud has reached the conclusion that the *trauma* in practically all nervous and mental disorders is of a sexual nature. He broadens the sexual field, it is true, till it covers almost all of life, and he carries the sexual motive back to a stage of infancy in which I believe the child is essentially as sexless as a plant. Unfortunately Freud has many followers, who practice the sex cult to the limit, and it is feared that much harm may result. The world has indeed suffered much agony and committed much sin as the result of

a mistakenly enforced ignorance of the functions of sex. But if we are forced to choose, it is better to suffer from ignorance than from false knowledge. The verdict that the hysteric or other nervous sufferer is necessarily paying the penalty of sexual mistakes or vices is false knowledge. We may well use Freud's methods, but we must be wary of accepting his conclusions.

Normal Development and Self-help

It will be clear now that in a fine passage in his epistle to the Corinthians St. Paul was describing the normal course of an individual's development.[1] As one passes from childhood to manhood normally one leaves behind childish thoughts and feelings and above all childish fears. That course makes for stable nerves and mental soundness in adult life. But it often happens that the putting away is illusory, for the childish fears are only repressed and buried, and may rise again to plague their possessor. When an unfortunate finds himself in

[1] "When I was a child, I spake as a child, I felt as a child, I thought as a child: now that I am become a man, I have put away childish things."—1 Cor. 13:11.

this state he is apt to feel a keen humiliation, like the grown boy caught playing with the discarded toys of infancy. The ideas which run away with him seem to him childish in the extreme. Perhaps for that reason he resents the true explanation of his trouble. He seems to feel that he may have a just pride in ailments as long as he is convinced that the basis is physical, but he is incensed at the intimation that the cause of his trouble lies in the mind rather than in the body. Therefore he contrives a course of treatment that can never reach the disorder, but it satisfies his materialistic convictions.

When a person does recognize the true character of his disorder, he often feels chagrined because he cannot do all that is necessary himself. He is loath to seek aid, for it appears to him to be a confession of weakness. If the trouble lies in the working of the mind, it seems as if he ought to be able to find and apply the remedy himself. Many sufferers shrink from applying for the help they need from a sense of shame.

This feeling comes from a wrong conception

of the trouble. On the face of it, it seems unreasonable that one should without scruple seek professional advice for an ailment in the body and be ashamed to seek help when the trouble is in the mind. Surely the difficulties which beset the mind are not less than those which beset the body; the mind is not less complex than the body; the mind certainly should have as skillful care as the body.

The nervous sufferer under the best of conditions must do much for himself. The pschotherapeutist cannot absolve his patient from effort as much as the physician can. The latter often needs demand no more than taking unpalatable drugs and a little self-denial in diet. Indeed, he often can give the weary the welcome advice to go to bed. The former, though, must often urge the unwelcome counsel to get out of bed, to do the very things he dreads to do and seems unable to do. In fact, the process of cure is often a long and hard struggle against heavy odds. The one who fights most bravely is the one most easily cured. But the bravest soldier is most effective under the guidance of a capable officer.

Qualifications of the Healer

It remains finally to speak of the qualifications requisite for the successful use of psychotherapy. I take up this subject with great humility, but I can do it sincerely for in part at least the requirements are what I seek rather than what I seem to possess. I speak the more gladly, though, because I shall only need to name characteristics that are within the reach of all clergymen, and, for that matter, of many other people. Of course, there are desirable qualifications with which one must be born, but the essential ones may be acquired.

The first point I would urge is an adequate knowledge of the subject. This requirement is so self-evident that I would not mention it at all, were there not such a quantity of would-be-healers who are ignorant of the simplest rudiments of psychology, normal or abnormal. To get the necessary knowledge there are now tons of books, many of them excellent, and nearly all useful if read with discrimination. Then it is important to study human nature. We miss golden opportunities when we fail to try to un-

derstand the people with whom we are in daily contact; and especially those who are in any way abnormal. It is like being in a great museum with our eyes shut, or standing with our back to a glorious sunset. Perhaps there is revealed one of our Lord's chief assets when we are told that he himself knew what was in man.

Secondly, we need to increase our store of sympathy. I do not mean a mere bland sentiment; I mean such an understanding of our patient's fears or feelings or pain that we can fairly feel them. The sympathetic person can easily get another's point of view, and we have got to see with his eyes and hear with his ears and feel with his feelings if we are going to be of any use to him. Here too we have the example of our Lord as an inspiration; one of the reasons he could heal the sick is, as we are repeatedly reminded in the gospels, that he had compassion on them.

In the third place, the greater one's confidence the surer is one's success. We must make sure that we have an effective force for lightening the world's woes, and then we must set about our task with a step that never falters.

The faith which our Lord demanded of his disciples long ago he must find in his disciples today.

Finally, he must have a personality which inspires confidence. That may seem to be a large order; that may seem to be a quality with which one might be born, or else must get along without. Doubtless there is some truth in that contention; but I am sure that the quality can to a very useful degree be cultivated. At all events it is a prime necessity for any one who would help his fellows in any way. I do not mean that the healer should aim to inspire confidence in himself. The faith will be a poor thing if it does not include more than that. Sometimes it is very humble faith which needs to be aroused. It may sometimes be no more romantic than faith that the hand can hold a pen; but in its larger aspect it is a faith in a good God, loving all His creatures and ever working for their welfare.

THE JOHN BOHLEN LECTURESHIP

JOHN BOHLEN, who died in Philadelphia on the 26th day of April, 1874, bequeathed to trustees a fund of One Hundred Thousand Dollars, to be distributed to religious and charitable objects in accordance with the well-known wishes of the testator.

By a deed of trust, executed June 2, 1875, the trustees, under the will of Mr. Bohlen, transferred and paid over to "The Rector, Church Wardens, and Vestrymen of the Church of the Holy Trinity, Philadelphia," in trust, a sum of money for certain designated purposes, out of which fund the sum of Ten Thousand Dollars was set apart for the endowment of "The John Bohlen Lectureship," upon the following terms and conditions:

"The money shall be invested in good substantial and safe securities, and held in trust for a fund to be called The John Bohlen Lectureship, and the income shall be applied annually

to the payment of a qualified person, whether clergyman or layman, for the delivery and publication of at least one hundred copies of two or more lecture sermons. These lectures shall be delivered at such time and place, in the city of Philadelphia, as the persons nominated to appoint the lecturer shall from time to time determine, giving at least six months' notice to the person appointed to deliver the same, when the same may conveniently be done, and in no case selecting the same person as lecturer a second time within a period of five years. The payment shall be made to said lecturer, after the lectures have been printed and received by the trustees, of all the income for the year derived from said fund, after defraying the expense of printing the lectures and the other incidental expenses attending the same.

"The subject of such lectures shall be such as is within the terms set forth in the will of the Rev. John Bampton, for the delivery of what are known as the 'Bampton Lectures,' at Oxford, or any other subject distinctively connected with or relating to the Christian Religion.

"The lecturer shall be appointed annually in the month of May, or as soon thereafter as can conveniently be done, by the persons who for the time being shall hold the offices of Bishop of the Protestant Episcopal Church of the Diocese in which is the Church of the Holy Trinity; the Rector of said Church; the Professor of Biblical Learning, the Professor of Systematic Divinity, and the Professor of Ecclesiastical History, in the Divinity School of the Protestant Episcopal Church in Philadelphia.

"In case either of said offices are vacant, the others may nominate the lecturer."

Under this trust the Reverend Dr. Loring W. Batten was appointed to deliver the lectures for the year 1916.

THE END

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